



Hampshire County Council

EDUCATION COMMITTEE

ANNUAL REPORT

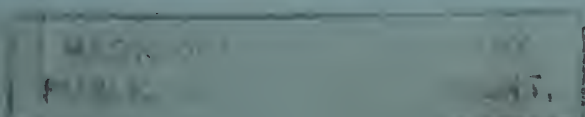
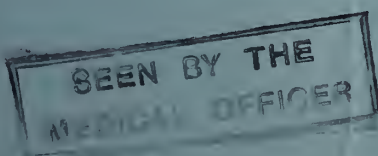
OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

I. A. MacDOUGALL, M.B.E., M.R.C.S., L.R.C.P., D.P.H.

FOR THE YEAR

1955



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H A M P S H I R E C O U N T Y C O U N C I L

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P R I N C I P A L S C H O O L M E D I C A L O F F I C E R

INTRODUCTION

To the CHAIRMAN and MEMBERS of the HAMPSHIRE COUNTY EDUCATION COMMITTEE

I have pleasure in submitting the Annual Report on the work of the School Health Service for the year ended 31st December, 1955. From study of the contents of this report much satisfaction can be felt in that this County continues to make sound provision for the health of the school children for whom it is responsible.

There are some matters to which I should like to draw particular attention in this brief introduction and the first is one which to my mind is of considerable importance if the work of the School Health Service is to continue on a satisfactory level. As pointed out in my report to you last year, the number of children attending Maintained Schools has increased steadily during the last 10 years. In the year 1953/54 the number increased by 3,000 and during the year under review it has again increased by some 4,000. In fact since 1946 the number of children attending Maintained Schools has increased by some 30,000 or 47%. This rapid increase in school population will have to be matched by an increase in medical and school nursing staff if the health needs of these children are to be adequately met. In this connection it will be noted that children due in 1955 for periodic inspection at 75 schools in the County were not examined owing to shortage of medical staff.

I feel it is most important that the extent of the scheme for B.C.G. Vaccination of school leavers should now be considerably extended in the County. This is indeed a most valuable and worthwhile prophylactic procedure which, to my mind, should be far more widely applied. To do this will certainly mean more medical man-power.

Study of the following pages will show that the general health of the school children throughout the year has been good. Of the Infectious Diseases by far the most prevalent has been Measles which has shown its usual biennial increase. For the sixth year in succession one has the satisfaction of recording no single case of Diphtheria. Infantile Paralysis showed a higher incidence during this year than in any previous year, there being a total of 41 cases, 32 of which made a complete recovery with no residual paralysis. None proved fatal.

I note with anxiety the observations of the Principal School Dental Officer regarding the accumulation of work in the "uncovered areas". Whilst the dental staff situation has shown some improvement over the last year it is indeed unfortunate that even now we are still unable to get a full establishment of dental officers. I am convinced that there is a big and an important place in the School Dental Service for the Oral Hygienist, and experience in this County has undoubtedly proved this. It is to be hoped that many more of these valuable auxiliaries will be trained and become available.

During the year under review an important public health measure has been started in the County, designed to decrease the incidence of dental decay, namely fluoridation of domestic water supplies in Andover. This scheme, which is part of the pilot survey carried out with the approval of the Ministry of Health, will be followed with tremendous interest as it is undoubtedly evident from the detailed research which has already been carried out in this matter that a very considerable degree of protection against dental decay can be afforded by the presence of fluoride in domestic water.

In concluding these brief introductory remarks I take great pleasure in expressing my gratitude to the County Education Officer and his staff for their most willing co-operation. I am grateful to Dr. Bacon, my Deputy, who has so ably prepared the substance of this report, and to the staff of the School Health Service, medical, dental, nursing and lay, for a year's work thoroughly and conscientiously carried out.

I.A. MacDOUGALL

Principal School Medical Officer.

MEMBERSHIP OF COMMITTEE
(as at 31st December, 1955)

SPECIAL SERVICES EDUCATION SUB-COMMITTEE

The Viscountess Portal, M.B.E. (Chairman)	A. Lubbock, Esq. (Chairman of the County Council)
A.A. Ards, Esq.	Mrs. R.S. Madocks
Sir Charles Chute, Bt., M.C.	Mrs. V.G. Middleton
Mrs. A. Dale	Miss G.K. Stubington
Miss S.M. Longstaff	A.H. Quilley, Esq., M.B.E. (Chairman of the Education Committee)

Selected Members

R. Charlton, Esq., M.B.E.	J.T.S. Hutchins, Esq.
Dr. L.G. Housden, O.B.E.	Miss C.A. Kingsmill

STAFF

The position as at the 31st December, 1955 was as follows :-

Principal School Medical Officer

I.A. MacDougall, M.B.E., M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer

L.J. Bacon, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

Medical Officers:

(employed by the County Council
as Local Education and Health Authority)

Whole-time

Esther Ashworth, M.B., Ch.B., D.P.H.
Catherine Avery, M.D., B.S., D.P.H.
W.E. Denbow, B.Sc., M.R.C.S., L.R.C.P., D.P.H.
Joan B. Nuttall, M.B., B.S.
Phyllis Watson, M.R.C.S., L.R.C.P.

Part-time

Sarah Boyle, L.R.C.P., L.R.C.S., D.P.H.
Laurel Campbell, M.R.C.S., L.R.C.P.
Margaret Cowan, M.B., B.Ch., D.Obst.R.C.O.G., D.C.H.
T.F.H. Duffell, M.R.C.S., L.R.C.P., C.P.H.
Muriel Evans, M.D., F.R.C.S.
Hilda M.P. Hunt, M.B., B.S., D.P.H.
Greta Lowe, M.B., Ch.B.
Aldyth Munro, M.B., Ch.B.
D. Mary Pack, M.B., B.S.

Also Medical Officers of Local Sanitary Authorities

M. Crowley, M.B., B.Ch., D.P.H.
 F.H.M. Dummer, M.B., Ch.B., D.P.H.
 W.A. Glen, M.B., Ch.B., D.P.H.
 R.A. Good, M.B., B.Ch., D.P.H.
 S. Hewitt, M.B., B.S., B.Hy., D.P.H.
 P.L. Karney, M.B., B.S., D.P.H.
 J. Craig Lindsay, T.D., M.B., Ch.B., D.P.H. (Aldershot Divisional
 School Medical Officer)
 V.D.R. Martin, M.B., Ch.B., D.P.H.
 D.J.N. McNab, M.B., Ch.B., D.P.H.
 S.L. Morrison, M.B., Ch.B., D.P.H.
 S.C. Parry, M.A., M.R.C.S., L.R.C.P., D.P.H.
 P.V. Pritchard, M.D., F.R.C.P.(Edin), F.R.F.P.S.G., D.P.H. (Gosport
 Divisional School Medical Officer)
 W.C.D. Walmsley, M.B., Ch.B., D.P.H.

Principal School Dental Officer:

Mr. C.C. Chadwick, L.D.S.

Dental Officers:

Whole-time

Mr. T.E. Black, L.D.S., R.F.P.S.(Glas.)
 Mrs. J. Carruthers, L.D.S.
 Mr. S.E.H.P. Dodds, L.D.S.
 Mr. R.T. Hale, L.D.S., R.C.S.(Eng.)
 Mr. L.J. Haworth, L.D.S., R.C.S.(Eng.)
 Mrs. P. Jeffery, L.D.S., R.C.S.(Eng.)
 Mr. J.A. Leney, L.D.S.
 Mr. K. Leney, L.D.S.
 Mrs. E. McGregor, L.D.S.
 Mr. R.A. Nichol, L.D.S., R.F.P.S.(Glas.)
 Mr. F. Norris
 Colonel W.B. Purnell, L.D.S.
 Mr. E.J. Taylor, L.D.S., R.C.S.(Eng.)
 Surgeon Rear Admiral (D) F.R.P. Williams, C.B.E., B.D.S.,
 F.D.S., R.C.S.(Eng.), F.D.S., R.C.S.(Edin.)
 Major General J. Wren, C.B., C.B.E., B.D.S.(I), F.D.S., R.C.S.
 Mr. B.T. Wyatt, L.D.S., R.C.S.(Eng.)

Part-time

Mr. D.G. Baker, L.D.S., R.C.S.(Eng.)
 Mr. W. Barnard, L.D.S., R.C.S.(Eng.)
 Mrs. A.W. Black, L.D.S., R.F.P.S.(Glas.)
 Mrs. M.F. Clark, B.D.S., R.C.S.(Eng.)
 Mr. A.H. Chivers, B.D.S., L.D.S.
 Mr. A.J. Edwards, L.D.S., R.C.S.(Eng.)
 Mr. D.V. Gordon, M.R.C.S., L.D.S.
 Miss J. Gordon-Ralph, L.D.S., R.C.S.(Edin.)
 Mrs. B. Harden, B.Ch.D.(Leeds), L.D.S.
 Mrs. I. Leach, L.D.S.
 Mr. W.J.A. Reed, L.D.S., R.C.S.(Eng.)
 Mr. I.T.M. St. George, L.D.S., R.C.S.(Eng.)

Dental Anaesthetist (part-time)

Dr. J.E. Ainsloy, L.R.C.P., L.R.C.S., L.D.S.

Oral Hygienist:

The Hon. Mrs. Michael Lucas

School Nurses:

Acting Superintendent ... Miss M.A. Wadham

	Number of Officers	Aggregate of time given to School Health Service work in terms of whole-time officers
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School Nurses	60 (whole-time))	
	+ 12 (part-time))	12.46
Dental Attendants	16 (whole-time))	
	10 (part-time))	19.37

+ includes 4 Health/Tuberculosis Visitors and
8 District Nurse/Midwife/Health Visitors

Child Guidance Team:

(Vacancy)	Consultant Psychiatrist (R.H.B.)
Dr. L. Rosenberg, M.D.(Cologne) D.P.M.	Assistant Psychiatrist (R.H.B.)
Mr. R.C. Dove, B.A.	Senior Educational Psychologist
Miss S. Bucher, M.A.	Educational Psychologist
Miss J. Emery	Psychiatric Social Worker
Miss D. Shepherd	Psychiatric Social Worker
Mrs. M. Brittain	Social Worker

County Oculist
(Regional Hospital Board):
Dr. Christina Stoddart, M.B., Ch.B.,

County Orthoptist
(Regional Hospital Board):
Miss D.L. Mully

Speech Therapy:

Chief Speech Therapist:	Assistant Speech Therapists:
Mr. A.P. Tolfree, F.C.S.T. (part-time)	Miss K.M.L. Dickson, L.C.S.T.
	Miss A. Shaw, L.C.S.T.
	Miss E.I. Osmond, L.C.S.T.

Audiometrician:

Mr. F.R. Vitoria

Administrative Assistant:

Mr. P.L. Lloyd

GENERAL STATISTICS

Number of school children on registers of Maintained Schools 94,246
(1st October, 1955)

	<u>Nursery Schools</u>	<u>Primary Schools</u>	<u>Secondary Grammar</u>	<u>Schools Modern</u>	<u>Further</u>	<u>Totals</u>
New School or Department premises opened	-	6	1	3	-	10
Permanent closures	-	1	-	-	-	1

Number of Schools at 31.12.55.						
County	1	* 179	13	44	2	239
Voluntary	-	181	3	2	-	186
Totals	1	360	16	46	2	425

Average number of children on school registers in school year 1954-55	37	65,027	6,576	19,829	-	91,469
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* includes 2 Special Schools and 3 Hospital Schools

The number of children attending Maintained Schools has increased by almost 4,000 in the past year, and by 30,000 since 1946 - a 47% increase in 9 years.

MEDICAL INSPECTION AND TREATMENT

No change has been made in the arrangements for periodic inspection, re-examination, or special inspection detailed in the Annual Report for 1951.

The number of children examined at periodic inspection (22,002) was lower than in 1954.

Children due in 1955 for periodic inspection at 75 schools were not examined owing to shortage of medical staff: 24 schools were similarly outstanding at the end of 1954, and these were all included in the 1955 programme.

This failure to complete the basic work of school medical inspection gives cause for concern. It was occasioned in part by vacancies and sickness among the medical staff, but also reflects the fact that the staff has not been increased in proportion to the very rapid increase in school population.

The difficulties, reported last year, in finding adequate and suitable accommodation in the schools for medical inspection have become accentuated during 1955: sometimes with the particularly unfortunate result of creating friction between Head Teachers and Medical Officers.

RESULTS OF INSPECTION

Results of examinations of school children by the School Medical Officers are shown in the Ministry's Tables at the end of this report.

The percentage of children found to be in need of treatment for defects other than dental disease or vermin (see Table I C) is compared with recent years as follows :-

1948	...	18.5%	1952	...	12.4%
1949	...	19.8%	1953	...	11.8%
1950	...	19.0%	1954	...	14.4%
1951	...	17.5%	1955	...	12.2%

Table II(B) shows the "general condition" of pupils examined at Periodic Inspection, and the findings are almost identical with those of the previous year.

The following Table shows for the commoner defects the numbers of defects referred for observation as well as treatment for the past eight years :

Proportion of the more common defects requiring treatment (T) or observation (O) per 100 children examined in the periodic age groups

	Nose and Throat			Defective Vision			Orthopaedic			Total Defects		
	T	O	Total	T	O	Total	T	O	Total	T	O	Total
1948	6.7	9.3	16	3.4	3.6	7	5.2	6.8	12	24	34	58
1949	6.6	10.4	17	4.1	4.9	9	5.3	7.7	13	24	38	62
1950	2.9	13.1	16	3.9	7.1	11	6.1	8.9	15	20	51	71
1951	4.6	11.4	16	4.5	5.5	10	5.4	7.6	13	23	47	70
1952	2.6	13.4	16	4.1	6.9	11	3.3	9.7	13	15	52	67
1953	2.5	15.5	18	4.2	7.8	12	3.1	10.9	14	13	61	74
1954	2.0	16.0	18	4.4	8.6	13	5.4	11.6	17	16	63	79
1955	1.5	15.0	16.5	4.6	10.9	15.5	4.0	13.5	17.5	13	69	82

The tendency, noted in earlier reports, to refer children for "observation" rather than for "treatment" reflects the essentially preventive nature of the school health service: even the most minor deviations from full health are noted and watched to ensure that they do not develop into significant illness.

The percentage of children requiring treatment (otherwise than for dental disease or vermin) has resumed its downward trend after a setback last year; though the figure is still high at 12.2%. It should be understood that this figure does not refer solely to newly discovered defects: any child needing treatment (even though already receiving it) is included.

Skin conditions

I noted last year an increase in skin conditions found at medical inspection - this year I am glad to say that they have fallen again, though still above the 1953 level. The following is an analysis of the conditions found in the summer and autumn terms, at periodic medical inspection :-

Skin Conditions

			<u>Treatment</u>	<u>Observation</u>
Eczema or dermatitis	...	...	8	51
Urticaria	...	...	4	33
Allergic rash	...	...	-	11
Naevus	...	...	2	33
Ichthyosis	...	...	3	45
Psoriasis	...	...	1	15
Seborrhoea	...	...	2	12
Acne	...	...	12	86
Warts				
Plantar	...	...	8	9
Other	...	...	17	55
Ringworm	....	....	3	4
"Athlete's foot"	...	...	6	3
Impetigo	...	...	6	9
Herpes	...	...	4	4
Boils	...	...	4	10
Keloid scars	...	...	-	12
Other	...	...	23	75
			<u>103</u>	<u>467</u>

During 1955, 47 new cases of ringworm in children were reported from various sources; of which 16 were of the scalp. The majority of this ringworm infection occurred in Gosport, where there were 39 cases (24 of scalp): the infecting organism here was *Microsporon canis*, and there was evidence of an extensive epidemic among cats in the area. The disease, so far as children were concerned, appeared to be seasonal, the majority occurring in the winter months (both of 1954-55 and 1955-56), and none was reported in June to September. The majority were treated at hospital, most of the scalp cases undergoing X-ray epilation.

Plantar warts were found at periodic inspection in 0.09% of children: the majority were in secondary school children, among whom the incidence was 0.15%. A further 18 cases were found at special inspections.

Children treated at the Clinics for skin conditions of all types numbered 276 in 1953 as compared with 328 in 1954.

Defective Vision and Squint

The incidence of defective vision (other than squint) continues to increase, and is a matter for concern. The percentage of children with such defect (whether marked for observation only or for treatment) has increased from 7 in 1948 to 15.5 in 1955: those referred for treatment have increased from 3.4 to 4.6% in the same period.

As in previous years an analysis was made of the types of defect found at the Eye Clinics, in broad groups, and these are summarised as follows :-

I Analysis of Defects found at Ophthalmic Clinics in New Cases, 1955

Age	0-	2-	5-	8-	11-	14-18	5-18	0-18
Squint	56	80	97	38	31	7	173	309
Myopia	-	3	47	92	135	91	365	368
Astigmatism pr								
Hypermetropia	2	11	132	96	110	44	382	395
Other defects	3	5	15	6	11	4	36	44
"No defect"	19	15	79	60	82	30	251	285
Totals	80	114	370	292	269	176	1207	1401

II Percentages of defects found at School Eye Clinics (age 5-18)

				1954	1955
Squint	...	...	...	16.5	14.3
Myopia	...	...	...	28.0	30.2
Astigmatism or Hypermetropia	...	...	...	30.2	31.7
Other	...	...	...	1.6	3.0
"No defect"	...	...	...	23.7	20.8
				<u>100.0</u>	<u>100.0</u>

The significance of these categories has been discussed in previous reports.

The proportion of children with "no defects" is less than last year, and the increase in children referred from inspection for treatment for defective vision cannot therefore be explained in terms of greater caution on the part of referring medical officers, or sight-testing under unfavourable conditions in schools.

Squint has diminished this year. I am particularly glad to be able to record this in view of the upward trend in recent years to which I drew attention last year: I am however unable to explain it.

Squint - incidence per 1,000 children examined at periodic medical inspection

	1947	1948	1949	1950	1951	1952	1953	1954	1955
Referred for treatment	3.4	5.0	6.9	6.2	8.3	7.6	6.5	8.4	3.4
" " observation	3.0	3.5	5.2	10.0	11.1	12.2	14.2	16.9	14.5

The possibility that much of the apparently defective vision recorded at school might be due to unsatisfactory conditions for sight-testing (including dulling of the test-charts) was investigated during 1955, and led to a decision to issue folding charts to the school nurses to be retained by them (in suitable containers), instead of in the schools where the facilities for storage necessarily vary. Another inquiry that was initiated in 1955 relates to the suitability of the available sight-testing charts for 5 year old children.

Such children frequently do not know their letters for some months after entering school, and the system of teaching reading and spelling is such that individual letters are not learned at the earliest stages. The available pictorial charts are, some of them, rather in the nature of an "intelligence test", and those which are readily recognised by the children do not appear to be reliably standardised to give results comparable with the Snellen's charts: the alternative is the "E" chart which however also has disadvantages, particularly in that it is slow to use. It was accordingly decided to try out in limited areas a chart with numerals, as there seemed a probability that children would know their numbers before their letters: it was tried in limited areas of the county, the results being compared with letter and "E" charts for the same children. Up to the time of preparing this report it seems that the numeral chart has an advantage over the script letter chart in that 18% (of 689) children knew their numbers but not their letters, as compared with 3% who recognised the letters but not the numbers: however, it is not the final answer to the sight-testing of Infants, as is evidenced by the fact that 30% recognised neither the letters nor the numbers, and the problem will be investigated further.

There are now 14 School Eye Clinics in the County, of which 3 are held in Hospitals. The School Eye Clinic previously held at St. Leonards Hospital, Ringwood, was closed at the end of March owing to insufficient numbers of children awaiting examination; the Clinic had been held on an average once every three months. Children living in and around Ringwood now attend the Christchurch School Eye Clinic and children in Fordingbridge, Damerham, Martin and other parts of the western fringe of the County are referred to the Salisbury General Infirmary.

Summary of work of Ophthalmic Clinics, 1955

	<u>New Cases</u>	<u>Re-examinations</u>	<u>Total</u> (1955)	<u>Total</u> (1954)
No. of children seen ...	1044	2351	+3395	4328
Total attendances ...	1044	2789	+3833	4928
Glasses ordered for the first time ...	627	133	760	990
Lenses changed ...	-	1197	1197	1612
Glasses discontinued ...	-	214	214	289
Recommended for orthoptic treatment ...	30	71	101	161
Referred for advice re operative treatment ...	6	38	44	44
Other treatment ...	9	12	21	22

NOTE. - In addition to the above, 446 children are known to have had ophthalmic treatment otherwise than at the clinics; the actual number may be very much larger.

Forty-four children examined at the Clinics were referred to Ophthalmic Departments of Hospitals. In addition 16 school children not referred by the Oculist, were reported as having had in-patient treatment in Hospitals.

- + The great disparity in these figures compared with the previous year was occasioned by the illness of the County Oculist. During her absence urgent cases were referred to Ophthalmic Departments at Hospitals and to Ophthalmic Medical Practitioners.

Glasses

All glasses prescribed at the Eye Clinics continue to be provided through the Supplementary Ophthalmic Services of the National Health Service (except salvoc splinterless lenses, glasses with a ptosis crutch, and where two pairs of glasses are considered necessary by the Oculist - such glasses are provided by the South West Metropolitan Regional Hospital Board). During the year 1,957 new prescriptions for glasses were issued.

Orthoptic Treatment

During the year 101 school children examined at the Clinics were recommended for orthoptic examination and/or treatment. Of these, 60 cases were referred to the Orthoptist and the remainder were referred to the Ophthalmic Departments of Hospitals.

The following is the report of the County Orthoptist who is employed by the Regional Hospital Board, and treats both school children and adults in her clinics :-

"During 1955 there appeared to be a steady increase in the number of cases referred for orthoptic examination.

In October a full-time Orthoptist replaced a part-time one and within a short period the Clinics were running smoothly.

It will probably be noticed that a large number of cases are referred to the Consultant for early surgery whereas in the past there was often reluctance to operate in cases of moderate deviation. It is now more widely acknowledged that surgery is often a necessary first step.

Most Orthoptists realize their limitations but with careful diagnosis can help a patient towards a permanent cure. Surgery is also advantageous from the psychological, educational and economical points of view.

Winchester is still the busiest Clinic. However, with careful appointments, occlusion and observation cases can be seen during one session leaving the remaining three to see ward patients twice a week and a high number of regular treatments.

Basingstoke is also very busy, whilst at Alton and Andover the numbers are steadily increasing.

There is considerable scope for development in methods of diagnosis and treatment whilst the field of research is unlimited if and when time permits. The close co-operation and encouragement given by the Consultant in this area is greatly appreciated."

Defective Hearing

A full-time Audiometrician visits the schools in rotation, testing all children aged 8 or 12 by Group (Gramophone) Audiometer. In addition he tests small numbers of other children referred specially by Head Teachers or as a result of medical inspection. The results for 1955 are shown in the following Tables. All schools other than Infant Schools were visited during the year.

1955	8 yr. old (Born 1947)		12 yr. old (Born 1943)		Total		Grand Total	Specials (selected)		Re-tests	
	B	G	B	G	B	G		B	G	B	G
Children examined by Audiometrician	5202	5267	3892	3797	9094	9064	18158	275	218	240	208
Number with hearing loss of 9 or more Db in one ear and referred to clinic or direct to specialist	65	59	61	60	126	119	245	64	50	84	95
% " " "	1.24	1.11	1.56	1.58	1.39	1.31	1.34	23.26	22.93	35	45.67

The audiometric arrangements together with the periodic medical inspections result in a child's hearing being reviewed at the ages of (approximately) 5, 8, 11, 12 and 14. It is pertinent to consider whether audiometry discovers any substantial amount of deafness which had not been previously detected. An enquiry into this point commenced in May 1955 has so far shown that among 321 children found by audiometry with a hearing loss, 65 had not previously been suspected of deafness. Much of this hearing loss is slight and transient; but it is generally accepted that even slight deafness can interfere considerably with educational progress by making excessive demands upon the child's concentration and attention. Three children with deafness sufficiently severe to warrant the provision of a hearing aid were first discovered by routine audiometry.

The following Tables present an analysis of the degree of hearing loss. Few cases of severe bilateral deafness appear, because such children are for the most part in special schools, and are not covered by the routine audiometry here reported.

A. Children with hearing-loss in one ear only

Loss in Decibels	9	12	15	18	21	24	27	30+	Total
No. of children born in 1947	33	39	10	4	-	-	1	17	104
No. of children born in 1943	39	22	11	4	4	2	2	16	100
Total	72	61	21	8	4	2	3	33	204

B. Children with hearing-loss in both ears

(a) Children born in 1947 (21)								(b) Children born in 1943 (20)						
Loss in better ear	Loss in worse ear							Loss in worse ear						
	9	12	15	18	21	27	30	9	12	15	18	21	24	30
9	13	1	-	-	-	1	1	7	2	1	1	-	-	-
12	-	2	1	-	-	-	-	-	2	1	1	-	-	-
15	-	-	-	-	1	-	-	-	-	2	1	-	-	-
18	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21	-	-	-	-	1	-	-	-	-	-	-	1	-	-
24	-	-	-	-	-	-	-	-	-	-	-	-	1	-

Twenty-eight children attending ordinary schools are known to have hearing-aids. These children's hearing with and without the aid is always tested whenever the audiometrician visits the school; and also the Health Visitors are provided with lists of children with hearing-aids and at their termly "hygiene inspections" they confirm that the aids are worn and appear to be in good condition.

Nose and Throat conditions

The fall in the number of children with nose or throat conditions referred for treatment in recent years reflects the increasingly conservative attitude of the school medical staff towards operative treatment for "tonsils and adenoids": it is accompanied, as would be expected, by an increase in the number referred for observation.

In order to ascertain whether any substantial number of children were being referred unnecessarily to the Ear, Nose and Throat Surgeons, all children referred for investigation or treatment over a period of three months were followed up to see what treatment was found necessary. Over this period 235 children were referred; of these 157 underwent operative treatment, and 14 other treatment in hospital; 21 were treated as out-patients or referred back to their family doctor for treatment at home; and 43 were considered to require no treatment, of whom 17 were considered to have no significant defect. The investigation was not continued over a longer period as it had been established that there was no undue tendency among the medical staff to refer children unnecessarily.

Defects of Speech

The following information has been derived from a report presented by the Chief Speech Therapist, Mr. Arthur Tolfree, F.C.S.T.:-

There were no alterations during the year in the arrangements for Speech Therapy indicated in my last report, the Clinics remaining as set out in the Table on page 41.

In December however the Committee decided to recommend the appointment of an additional Speech Therapist: this will enable the County to be divided into five areas, and the number of sessions allocated to the important work at the Lord Mayor Treloar Hospital will be increased to three.

The north-east area was without a speech therapist for the last quarter of the year.

Mr. Tolfrée comments on the unsuitability of the accommodation available at Havant, and also on the need for sound recording apparatus.

The year's work, excluding that done at the Lord Mayor Treloar Orthopaedic Hospital Special School, is summarised in the following Tables.

I.

Clinic sessions held	...	...	...	1308 $\frac{1}{2}$
Consultations	...	...	...	255
Treatments	...	...	...	6055
New cases referred during the year	...			261
New cases commencing treatment during year				233
Continued from 1954	...	...	...	511
Total children treated	...	...		744
Children discharged	...	...	...	210
No. on register on 31.12.55 :-				
	Boys	...	385	
	Girls	...	149	
				534 *
Waiting List	...	...	...	126 *

* These numbers include 30 children who have been seen once (for consultation) by the Speech Therapists but who have not yet been able to begin treatment because there are no vacancies.

II. Children discharged - Results of Treatment

Reason for Discharge	No improvement	Improved	Speech Satisfactory
Found unsuitable for treatment ...	5	2	-
Failure to continue attendance ...	9	13	1
No further response anticipated ...	-	30	105
Left School ...	-	8	4
Left District ...	6	26	1
Total ...	20	79	111

Asthma

Information was received of 49 children who attended Hospital or special clinics on account of asthma during 1955. There are now 9 such clinics in or near the County which is well covered for this purpose. In addition 7 asthmatic children attended Orthopaedic Clinics for breathing exercises.

I am indebted to Dr. C.B.S. Fuller, Senior Consulting Physician in charge of the Asthma Clinic at the Royal Hampshire County Hospital, Winchester, for the following notes on school children attending his clinic :-

"During the year 1955, 22 new cases attended for investigation and treatment; of these 8 were girls and 14 were boys and, in addition, there were 195 attendances during the year of old cases who had been seen previously and who came for a follow-up and further treatment of their condition.

Of the new cases, there was a family history of asthma or other allergic conditions in 14 giving a percentage of 64%. Five of these new cases required ear, nose and throat treatment for abnormal conditions of their nasal sinuses, septal deformities and tonsils and adenoids.

Skin tests gave positive results in 16 new cases (2 not being done owing to unsuitability at the time) which is 73% of the total.

In the majority of instances, in addition to treating abnormalities which were found, remedial breathing and postural exercises were required for defective costal expansion and bad stance.

In the majority of the follow-up cases, there was a marked improvement in the frequency and severity of their attacks, many of them having been clear of attacks for a year or more."

I have also to thank Dr. Maurice Williams, Medical Officer of Health of Southampton County Borough, for the information that 12 children (11 boys, 1 girl) from the County made 34 attendances during the year at the Southampton Borough Council Asthma Clinic. All 12 are reported improved, 3 markedly so.

A number of asthmatic children have been ascertained as Handicapped (Delicate) Pupils, and the number of such pupils on the register on the 31st December, 1955 was 53; 2 more severe cases were ascertained as "Physically Defective" pupils.

Twenty-one asthmatic children were recommended to attend either an Open Air School or Wedges School, Itchingfield; 8 were admitted to Open Air Schools and 11 to Wedges (these included children recommended in 1954); 1 child was recommended for special educational treatment in ordinary school and 1 child for a stay at a Holiday Home.

Orthopaedic Conditions

The number of orthopaedic defects noted at medical inspection amounted to 17.5 per 100 children examined, of which 4.0 were referred for treatment: these defects are mainly of posture and of the feet. In this field perhaps more than any other there is variation in the standard of normality adopted by individual observers, and some divergence of view as to the relative importance of "posture" and functional efficiency of the body. Dr. Duffell comments that in the schools visited by him posture, particularly among girls, is generally poor, and attributes this to the focussing of attention on games rather than on physical training by exercises. The "Posture Scheme", described in previous reports, probably results in an exceptional alertness to minor deviations from the normal in respect of posture and feet, and accounts for the high incidence of defects noted.

I am indebted to the County Education Officer for the following information abstracted from the report of the Chief Organiser for Physical Education for the year 1955 :-

"Thirty-one new schools, 24 Primary and 7 Secondary, (ten - 6 Primary and 4 Secondary in 1955), have been opened in the last five years, whilst at the same time renovations and extensions to older school buildings are transforming their appearance and extending their usefulness to both school and post school age groups.

The new schools opened in the last five years are already proving how much can be achieved when a well balanced programme of physical education is carried out in ideal facilities. Spacious halls and gymnasias ensure continuous lessons throughout the year, whatever the weather. Good stretches of hard court and playing field areas offer opportunities for a wide variety of activities and games. Perfect floor surfaces permit barefoot work, and there is now little problem in getting boys and girls to wear a minimum of clothing, so allowing full range of movement with good mobilising and strengthening effects in all parts of the body.

The big windows, light airy corridors and classrooms, and the charming delicate colours of the paintwork and walls of the new and reconditioned schools contribute much to a general feeling of pride in personal appearance and surroundings which is reflected in improved posture and fitness generally.

Primary Schools

Courses on the recent Ministry of Education publication "Physical Education in the Primary School" have by now been conducted over the entire County area. A high percentage of men and women teachers have attended. New methods illustrated by demonstration classes have caused lively discussion.

Today greater scope and opportunities are extended to each individual child within the framework of the lesson, and greater concentration, initiative and skill are demanded of them in testing and exploring their own powers of movement.

Children work hard in this type of lesson and the liberal use of apparatus adds an extra challenge to them.

"Posture in the Growing Child"

There is a continued interest in the County scheme of Posture work in the Infant and Junior Schools. The exercises, designed primarily for children with slight postural defects, are now an accepted part of the Physical Education programme in all Primary Schools. Unfortunately school medical inspections can only be carried out every three or four years, and this means that many young children who develop slight postural defects are not dealt with immediately. In an endeavour to overcome this problem an experiment has been tried out. Schools in a particular area were invited to co-operate with the County Medical Officer in listing the names of children considered by the class teachers to have slight postural defects. On receiving the lists the County Medical Officer arranged for the local School Medical Officer to see the children and recommend regular practice of the exercises devised for individual children. The experiment has proved so worthwhile that it is to be extended over the whole County."

Leaflets detailing exercises recommended for home use, for minor defects of feet or posture, were supplied by School Medical Officers to 700 children during the year.

"Minor" and "Major" Orthopaedic Clinics have continued as in previous years.

CHILD GUIDANCE SERVICE

Report of the Psychiatrist, Dr. L. Rosenberg

"Until July all Clinics were held regularly. Then, owing to Dr. Iliff's absence on sick leave, treatment of children at Petersfield had to be discontinued until December, though children were seen at the Clinic for consultation. We were fortunate in obtaining the services of Dr. W.J.T. Kimber, Consultant Psychiatrist, as locum tenens from the 13th July until 8th December, for the Winchester Clinic and he also visited Remand Homes each week. In November, Dr. R.S. Pelly was appointed as a full-time locum tenens and since then a full service has

been given. From May until July, Dr. M.E. Forrester, who is a Junior Hospital Medical Officer at Park Prewett Hospital, Basingstoke, assisted Dr. Iliff at Basingstoke Clinic. Since the end of July, Dr. Forrester has carried on the Basingstoke Clinic and she has also held one session per week at the Aldershot Clinic.

Comparison of this year's figures with those for last year, shows little change in the number of referrals. The number of children seen for consultation and advice has decreased, but 44 children were seen during the year for supervision and review, and the number of children seen for treatment has risen slightly. The number of cases seen at the Remand Homes has risen and exceeds last year's figure by 22.

During the year 17 children were referred to St. James Hospital, Portsmouth, for electro-encephalographic examination and 4 were referred for observation and psychiatric treatment. In addition, 5 children were referred to St. Ebba's Hospital, Epsom, and 1 to the Maudsley Hospital, London, for observation and psychiatric treatment.

In the Spring Term, Southampton University again sent a student in social studies, who attended Eastleigh Clinic and was supervised by the psychiatric social worker.

Dr. Rosenberg lectured to Hampshire school teachers on "The effect on Educational Progress of Emotional Disorders in Adolescents", at a course held at Avon Tyrrell during October."

Report of the Senior Educational Psychologist, Mr. R.C. Dove

Mr. Dove compares the psychologists' work in 1955 with that in the two previous years in the following Table. He writes :-

"The backlog of school investigations increases in spite of the rise in the number of cases actually seen and which already exceeds the limit which two psychologists can deal with effectively, as well as continue with other activities such as E and B which are vitally important."

					<u>1953</u>	<u>1954</u>	<u>1955</u>
<u>A. Work in Schools</u>							
Children referred to Psychologist for school investigation	...	...	...	...	465	551	591
Number seen	...	...	...	...	278	376	416
Number of visits to schools on clinic cases	...	...	...	...	167	125	118
<u>B. Clinic Interviews</u>							
Number interviewed and tested in clinics	...	...	...	...	185	198	217
Number treated by Psychologists and Psychiatric Social Workers	...	...	...	...	67	94	88
<u>C. Work in Remand Homes</u>							
Number interviewed and reported on for Courts	...	...	...	...	162	139	156
Total number of children seen in all circumstances	...	...	...	...	859	932	995
<u>D. School Surveys for backwardness</u>	...	...	...	...	13	8	4
<u>E. Extra Activities</u>							
Lectures to Parent/Teacher and other organisations	...	...	...	...	12	12	22
Teachers' Courses (lectures)	...	...	...	...	2	9	8

Summary of work of the Child Guidance Clinics

I.	Cases carried on from last year ...	...	...	...	640
	New cases referred during the year	...	...	...	496
	Old cases re-opened	...	...	...	55
					<u>1191</u>
	Number of cases closed during the year	...	...	...	564
	Number of cases carried forward to next year	...	...	...
	Cases under investigation or treatment on 31.12.55	...	...	...	576
	Cases awaiting investigation	...	...	...	<u>51</u>
					627
II.	Sources of referral				
	County Medical Officer, School Medical Officers, etc.				83
	Juvenile Courts	...	...	...	132
	Educational Psychologist	...	...	...	75
	General Practitioners	...	...	...	74
	Hospitals	...	...	...	25
	County Children's Officer	...	...	...	17
	Probation Officers	...	...	...	17
	Parents	...	...	...	16
	Other Child Guidance Clinics	...	...	...	9
	Medical Officer, Remand Home	...	...	...	7
	Head Teachers	...	...	...	7
	Health Visitors	...	...	...	7
	County Education Officer	...	...	...	5
	Speech Therapists	...	...	...	3
	Army Psychiatrists	...	...	...	3
	Miscellaneous	...	...	...	16
					<u>496</u>
III.	Reasons for referral				
	Nervous disorders	...	...	...	55
	Habit disorders and physical symptoms	...	...	...	88
	Behaviour disorders	...	...	...	232
	Educational and vocational difficulties	...	...	...	41
	In need of care and protection	...	...	...	42
	Advice re placement	...	...	...	9
	Assessment of intelligence	...	...	...	6
	Retarded development	...	...	...	5
	Breach of recognisance	...	...	...	4
	Advice to foster-parent	...	...	...	3
	Supervision following hospital treatment	...	...	...	1
	Psychotic behaviour	...	...	...	1
	Attempted suicide	...	...	...	1
	Emotional regression	...	...	...	1
	Inflicting personal injury	...	...	...	1
	Paranoid tendencies	...	...	...	1
	Special report	...	...	...	2
	Unclassified	...	...	...	3
					<u>496</u>
IV.	Number of children seen during year <u>at Clinics</u>				
	Consultation and advice only	...	...	...	184
	Number of children for treatment	...	...	...	280
	Number of children for supervision and review	...	...	...	44
					<u>508</u>

V. Remand Homes

184 children (110 girls and 74 boys) were seen at the Remand Homes for the following reasons :

Larceny	78
In need of care and protection	46
Beyond control	33
Assault	7
Irregular school attendance	3
Breach of recognisance	4
Attempted suicide	2
Miscellaneous	11
	<u>184</u>

VI. Disposal of cases

Total cases closed	514 ³⁵
No treatment - consultation and recommendation to Court	159
Consultation and advice only	<u>14.8</u>
	307
Discharged after treatment:	
Satisfactory	12
Improved	73
Some improvement	35
Unsatisfactory	<u>32</u>
	152
Discharged after supervision and advice:	
Improved	7
Some improvement	1
Unsatisfactory	<u>2</u>
	10
Unsuitable for Child Guidance	1
Moved away	14
Transferred	30

* A further 50 cases were referred and were withdrawn without investigation on account of failure to attend, spontaneous improvement, etc.

THE SCHOOL DENTAL SERVICE

Report of the Principal School Dental Officer - Mr. C.C. Chadwick

"Dental Staff"

Authorised Establishment - 1 Principal School Dental Officer
 (as on 31.12.55) 26 Dental Officers
 1 Dental Anaesthetist
 1 Oral Hygienist
 27 $\frac{21}{38}$ ths Dental Attendants

In March the Establishment was increased from 21 Dental Officers and 22 and 21/38ths Dental Attendants to the above complement.

During the year the staffing position has shown some improvement rising to a total equivalent of 20.63 Dental Officers compared with 18.61 in 1954 and 16.87 in 1953. This total includes the services of 12 part-time Dental Officers equivalent to those of 4.78 full-time officers, (2,410 sessions worked). Part-time Medical Anaesthetists administering dental anaesthetics attended for 168 "gas" sessions, an increase of 50 sessions over the number for 1954. The total number of cases attending for general anaesthetics by both Medical and Dental Anaesthetists was slightly less than last year (10,357 compared with 10,921).

The Authority continued to use wherever possible the services of the Oral Hygienist in order to relieve the shortage of Dental Officers, but unfortunately the remaining whole-time Oral Hygienist resigned her full-time appointment in July, and was only able to continue her work thereafter on a part-time basis for six sessions each week. Consequently there was a considerable reduction in this work compared with last year when the Authority had the services of two Oral Hygienists. Details of their actual work carried out are shown later in my report.

The allocation of the Dental Officers' time between their duties for the Local Education and Local Health Authority was as follows (the figures in brackets show the proportion in 1954):-

	<u>1955</u>	
<u>Education</u> (school children)	98.38%	(98.7%)
<u>Health</u>	1.62%	(1.3%)

Dental Inspection and Treatment

During the year 62,664 school children (1,881 less than last year) were inspected of whom 46,053 (73.4%) were found to require treatment and of these 30,641 (66.8%) were treated under the County Dental Service.

It was not possible to arrange for all the children in the "covered" areas totalling 76,246 to be inspected during the year, and the interval between the school dental inspections remained at 14 months. In addition to those not examined in the "covered" areas there remained about 18,000 children in the "uncovered" areas for whom only emergency treatment for the relief of pain was available as in previous years.

The following Table shows the details of the dental inspections carried out during the year :-

DENTAL INSPECTION OF SCHOOL CHILDREN 1945

	Age 5 and under		Age 14		All other ages		Total		No. children 14 years old with		Number found to require treatment consented at inspection
	Number inspected	Number require treatment	Number inspected	Number require treatment	Number inspected	Number require treatment	Number inspected	Number require treatment	Full natural dentition (see Note (b) below)	Sound dentition as result of treatment (see Note (c) below)	
"Specials" at Clinics (see Note (a) below)	5457	3741	4449	3173	49680	36164	59586	43078	268	907	29192
	232	226	97	93	2749	2656	3078	2975			2965
Total	5689	3967	4546	3266	52429	28820	62664	46053	268	907	32157

- Notes. -
- (a) Not previously inspected during year. The inspection of "specials" at Clinics is usually at the instance of parents, hence the proportionately higher acceptance of treatment than at the Routine Inspections in schools.
- (b) With complete permanent dentition (as far as has erupted) with no caries or fillings except in so much as non-carious teeth have been extracted for orthodontic reasons, e.g. first bicuspsids or lost through an accident.
- (c) With conservative treatment but with no permanent teeth lost other than those lost through orthodontic treatment or through accident.

The average number of school children in each full-time Dental Officer's area was about 3,700, compared with about 3,900 last year: steps are being taken gradually to reduce this number to 3,500.

It is gratifying to note that in the areas where the County Dental Service offers treatment the rate of consent for treatment under the County Dental Service remains consistently high at nearly 70%.

It is feared that few children in the "uncovered" areas are obtaining regular treatment through the General Dental Practitioner Service, and that the dental condition of these children must be getting progressively worse.

Throughout the "Return of Work for the Year 1955" (shown on the opposite page) the figures under each heading showing the specific types of treatment increased except for the number of temporary teeth filled, the fillings therein, the extractions of temporary teeth and the extraction of permanent teeth for orthodontic purposes and the root fillings. The average number of attendances for each routine treatment session (i.e. fillings, extractions with local anaesthetics, etc.) was 7 and that for each "gas" session was 14.1. As in previous years each child whose parent consented for treatment was rendered dentally fit.

The details of the work carried out by the Dental Officers during the year are shown also in Table III at the end of the Report of the Principal School Medical Officer.

In previous Annual Reports figures have been included showing the changes since 1948 of the permanent teeth of children at the age of 14 and the filling/extraction ratio in permanent teeth. These are compared with the figures for 1955 as follows :-

- (i) Percentages of children at the age of 14 years found to have
(a) full natural dentition and (b) sound permanent dentition
as the result of treatment

1948		1949		1950		1951		1952		1953		1954		1955	
a	b	a	b	a	b	a	b	a	b	a	b	a	b	a	b
11.7	21.5	12.9	23.1	17.3	20.3	13.6	16.7	10.3	15.6	10.4	17.6	7.9	25.7	5.9	19.9
Total of a & b		33.2		26.0		37.6		30.3		25.9		28.0		33.6	

- (ii) Proportion of permanent teeth filled to those extracted for caries

1948	1949	1950	1951	1952	1953	1954	1955
7.6	6.9	6.8	6.6	6.1	7.7	8.0	5.8

It will be seen that the percentage (25.8%) of children aged 14 found to be dentally fit at the dental inspections was lower than for any year recorded since statistics were included in my report, and the same applies to the proportion of permanent teeth filled to those extracted for caries.

These unsatisfactory findings emphasize the conditions under which the County Dental Service has to operate. There is an increasing accumulation of work with which even the increase in dental staff during the last two years has been unable to cope, in particular the increasing number of children between the ages of 9 and 14 who require extractions of permanent teeth because of the lack of early conservative treatment which could not be given due to the catastrophe that befell the School Dental Service between the years 1949 and 1953 when, on average, the dental staff was below half the Establishment necessary to provide even

DENTAL TREATMENT

RETURN OF WORK FOR YEAR 1955

Class of Patient	Number actually treated—record first attendance each calendar year	Total attending for treatment	Number of N ₂ O and Vinyl Ether Cases	Number of Teeth Filled		Number of Fillings		Extractions				Other Operations				Attendances for				
				Per.	Temp.	Per.	Temp.	Caries		Orthodontic		Silver Nitrate	Other—Define		Scaling and Cleaning See (a) below	Gum Treatment See (b) below	Dentures See (c) below	Reg. Appliances		
								Per.	Temp.	Per.	Temp.		Per.	Temp.						
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
All School Children	30,641	63,449	10,357	31,493	7,530	35,490	7,860	5,347	22,241	870	1,982	753	6,538	3,542	1,808	110	3,648	622	418	3,149
Special Schools	158	295	54	152	—	176	—	49	44	—	4	2	12	14	10	—	14	2	10	48

Notes:

- (a) Scaling and Polishing—same principle as for Gum Treatment. When scaling has been done, the polishing of the teeth was not counted as a separate operation; neither was polishing of a filling.
- (b) Gum Treatment—recorded as one operation if confined to the maxilla or mandible, regardless of the number of teeth concerned; two operations if work carried out in both jaws.
- (c) Regulation and Denture Work—not operative work but entered in Columns 20 and 21 for convenience only. Each attendance at which work was carried out was recorded also in Column 3 and Column 2 when applicable.

Sessions:	School Inspections ...	532	Allocation of "CLINIC TREATMENT" Sessions:	Ordinary School Children ...	8,149
	Clinic Treatment (all patients) ...	8,315		Special School Children ...	38
	Anaesthetist—Dental Officers ...	569		Children under School Age ...	103
	Medical Officers (part-time)	168		Expectant and Nursing Mothers ...	24
				Mental Health ...	1

a reasonable dental service, and when the majority of dental officers had between 4,000 and 5,000 children under their care. The full effects of these years are now being felt and the same position will continue as long as considerable areas of the County remain "uncovered". It is not possible to calculate the amount of work which has accumulated but it must be considerable.

The future recruitment of the younger members of the profession to the school dental service is a matter which causes anxiety. There have been very few young applicants during recent years for posts with this Authority where the average age of the full-time Dental Officers is 55.

Clinic Premises

Additional Dental Surgeries have been opened in the County Council Health Clinics at Christchurch and Aldershot; both have been equipped with Dental Units. A subsidiary dental clinic has also been opened in the Medical Inspection Room at the Totton Grammar School for the treatment of the children from this school and emergency cases from the surrounding districts. It is hoped that the proposed new clinic in Ringwood will be opened early in the New Year.

Orthodontic Services

In Circular 288 (Ministry of Education) Principal School Dental Officers were asked to include in their section of the Principal School Medical Officer's Report a description of the orthodontic work if any, being undertaken by the School Dental Service in the area. This Authority has no County Orthodontist, the orthodontic work being carried out by the County Dental Officers except for the occasional very complex case which is referred to a Consultant Orthodontist for treatment under the Regional Hospital Board. Orthodontic treatment is restricted in that time does not permit the treatment of every child requiring it even in areas where the dental officer has only 3,500 children under his/her care. Accordingly each dental officer has been advise not to spend more than one session a week on orthodontic treatment. The amount of orthodontic work varies very much between individual dental officers, some spend the equivalent of a full session each week, whereas others see very few cases.

The majority of cases undertaken are of the simple type, but some complex cases are treated, and when necessary a consultant opinion can be obtained. Mr. J. Hooper, Consultant Orthodontist at the Royal Victoria Hospital, Boscombe, Dr. N.L. Rowe, Consultant Orthodontist at the Plastic and Jaw Unit, Rooksdown House, Park Prewett, Basingstoke, and Mr. F. Ballard of the Eastman Dental Hospital have been most helpful in this way and their assistance and guidance have been greatly appreciated.

This Authority has no County Dental Laboratory. All appliances and splints, etc. are made by mechanics to the profession at an agreed scale of charges.

The total number of orthodontic cases under treatment during the year was 525, who made 3,149 attendances for treatment, and for whom 405 appliances were provided as follows :-

323 Upper appliances
22 Lower appliances
18 Oral Screens
2 Andresan appliances.

Also there were 33 additions and repairs to existing appliances and 28 special study models in addition to the study models which are supplied normally with the appliance provided at the beginning of the treatment of each particular case.

The County Dental Officers welcome the variety which a little orthodontic treatment gives them, and I feel it would be a pity if all orthodontic treatment was taken out of their hands. Although orthodontists eventually may be available either through the Regional Hospital Board or from the Local Authority's staff, there would still remain a large number of the less complex cases who could well be treated by the County Dental Officers in the ordinary course of their duty.

Refresher Courses

Arrangements previously made in 1947 have been renewed whereby each County Dental Officer will attend a refresher course for a period of one week approximately every 5 years. The first 5 dental officers attended the Course at the Eastman Dental Hospital, Gray's Inn Road, London, W.1 and on their return reported that the Course had proved an unqualified success.

Oral Hygienist

The following are the details of the work carried out by the Oral Hygienist for school children :-

				1955	1954
Number of sessions (half days)	...	...	...	317	688
Time devoted to Dental Education	...	...	...	113 hrs.	216 hrs.

Patients

Number of children treated	...	...	...	780	1675
Number of children whose treatment was completed	...	...	...	705	1549
Number discharged as failing to complete treatment	...	...	...	53	14
Attendances	...	...	...	1376	3348
Appointments not kept	...	...	...	511	911

Treatment

Scaling and polishing	1376	3348
-----------------------	-----	-----	-----	------	------

The training of Oral Hygienists, other than in the Services, stopped in February 1954, and Local Authorities, who are keen to avail themselves of the valuable help which Oral Hygienists can give in their Dental Schemes, are finding it increasingly difficult to obtain applicants. I would like to see sufficient Oral Hygienists available to allow each Dental Officer to have their assistance not only in the actual clinical work but also for visiting the schools, Maternity and Child Welfare Clinics, Parent-Teacher Association meetings, etc., in each dental officer's area to give talks where their advice and training would do much to assist in Dental Health Education.

Mobile Dental Trailers

In October the Authority took delivery of its sixth mobile dental trailer, which was immediately put into service. The general lay-out and sound mechanical features of this new trailer have proved a great improvement on the older ones already in use.

In conclusion I should like once again to express to the members of the Teaching Staff of the Authority the appreciation of the County Dental Staff for their co-operation and help during the year, and to reiterate the hopeful note, that with the improvement in recruitment to the School Dental Service, we may shortly have a full staff complement."

Dr. Dummer, writing from Andover (where fluoridation of the water supply is proposed), says :-

"One point which was noted in the five year old entrants to primary schools, was the poor state of the temporary teeth in many cases. This seemed to cut across social classes and dietary habits. I get the impression - and I must admit it is only an impression - that the effects of a good balanced diet are very often offset by an increased concentrated sugar consumption. It may be that a very different picture will emerge after fluoridation has been carried out in this area for some years, but I am quite sure that attention paid to dental hygiene on first principles, plus a reduction in the present quite unnecessarily high consumption of sweets, chocolate, etc., will go a long way towards improving the present poor position."

CONVALESCENCE

During the year 36 children (20 boys, 16 girls) were sent for convalescence of an average duration of slightly under 5 weeks following illness or operation. The children were referred by Hospital Doctors (4), by General Practitioners (23) and by School Medical Officers (9).

Children were referred for the following reasons :-

Following illness at home	...	...	...	12
" in-patient hospital treatment			...	11
Mismanagement or poor home conditions			...	8
Following out-patient hospital treatment			...	5

All these children were followed up by school nurses after their return as in previous years, and in addition they were examined as "specials" at the next School Medical Inspection.

INFECTIOUS DISEASE

(a) Notifications of Infectious Disease in Children aged 5-14 *

Diphtheria	Nil	Meningococcal Infection	1
Scarlet Fever	215	Infantile paralysis	41
Whooping Cough	394	Encephalitis - Infective	1
Measles	6,596	Post-Infectious	2
Erysipelas	2	Typhoid Fever	4
Pneumonia	37	Paratyphoid Fever	Nil
		Dysentery	160
		Tuberculosis	44 (aged 5-16)
		Food Poisoning	22

(b) Non-notifiable Infectious Disease reported by Head Teachers

German Measles	30
Mumps	895
Chicken Pox	673
Influenza	Nil

* Includes children attending private schools

The year 1955 was a "measles year" in Hampshire where, as elsewhere, it shows a biennial periodicity: 6,596 cases were notified in school children as compared with 257 in 1954. This illness has become relatively insignificant now that modern methods of treatment have controlled the "complications" which a few years ago made it a major cause of childhood morbidity.

Whooping cough conversely was less common than in 1954 - 394 as compared with 935. A County scheme for immunisation against this disease was introduced at the end of 1955; previously it had not been available except in the Droxford Rural District, otherwise than through family doctors. The majority of children will be immunised during their first year of life, so that no immediate effect upon whooping cough in school children is to be anticipated.

Scarlet fever remains something of a puzzle in that there is no obvious reason why in recent years it should have become not only much less common than in the pre-war years but also much milder: in the absence of other explanation one must assume that the streptococci which cause it have become less virulent - an uncomfortable assumption in that there is no reason why they should not become virulent again. For this reason one continues to watch the incidence of scarlet fever in schools closely and with some apprehension. There was however only one small "outbreak" (7 cases) in a school in 1955: the remaining cases were scattered both in space and in time.

Again, for the sixth successive year, there was no case of diphtheria in a Hampshire school child. In 1955, 902 children of school age were immunised for the first time, and 8038 were re-immunised. These numbers are smaller than in the previous year, probably owing to the prevalence of Infantile Paralysis which led to a cessation of immunisation in some areas in the latter part of the year.

Infantile paralysis was prevalent in Hampshire in 1955, and there were 41 cases among children attending maintained schools. Twenty-one of these suffered no paralysis: of the 20 paralytic cases, 11 recovered fully and 9 were left with residual paralysis. No school child died of the disease. A comparison with recent years is shown in the following Table :-

INFANTILE PARALYSIS

	No residual paralysis	Some residual paralysis	Died	Total
1948	5	4	1	10
1949	14	11	2	27
1950	8	11	1	20
1951	2	1	1	4
1952	3	13	Nil	16
1953	11	9	2	22
1954	4	1	Nil	5
1955	32	9	Nil	41

The prevalence of poliomyelitis in some areas led to the cessation of immunisation and of non-urgent dental extractions and tonsillectomy.

The illness was in general well distributed over the County. A small local outbreak of what appeared to be a particularly virulent form of the disease is mentioned by Dr. Dummer: it occurred in Tadley where there were three school children among the 5 paralytic cases notified.

Dysentery is becoming increasingly common in school children in recent years. It is nearly all due to *Shigella sonnei*, which fortunately causes a relatively mild disease, but, as I emphasised in my report last year, its spread within a school is facilitated by insanitary circumstances and such spread indicates that conditions exist in which more serious bowel diseases could spread were they introduced. The 160 cases in 1955 were almost double those in 1954.

There were two definite outbreaks in County Primary schools as follows :-

In the first which occurred in March there were 17 clinical cases (including one teacher) of Sonne dysentery, and 3 bacteriologically confirmed "carriers" (one staff): the outbreak was of short duration (less than three weeks) and there was no recurrence in the following term. There were 108 children on the roll, and the sanitary conditions in the school and kitchen were good, and regular hand-washing before meals was the practice.

A somewhat larger outbreak occurred at about the same time in a school of 120 children, where there were 33 notified cases of Sonne dysentery, as well as a further 15 cases of home contacts; also 15 "carriers" were found among contacts of the clinical cases. The sanitary conditions at the school were far from ideal (pail closets and peat urinals) but were maintained in a cleanly condition. The disease did not recur in the summer term.

Two other outbreaks of dysentery, at Yateley in May, June and July, and at Chandlers Ford in September, affected considerable numbers of school children, but in neither case did it appear that the school was the primary focus of infection.

Five outbreaks of food poisoning in County schools were reported during the year. The first occurred in January, when 41 children and 3 teachers at a school in the Alton Rural District developed acute abdominal pain and diarrhoea 6 to 8 hours after the midday meal: no organism was isolated and the clinical picture suggested that the illness may have been due to a staphylococcal toxin.

The next outbreak occurred in a school in the Fareham Urban District at the beginning of February, when 5 members of the staff experienced nausea and abdominal pain after eating a steak pie at school dinner. The pie was one of a batch, no others of which gave rise to trouble; they had been prepared the previous day and re-heated. No organism was isolated.

In September, 17 cases of food poisoning due to *Salmonella typhi* murium occurred among boys in a Winchester secondary school, and the organism was isolated from 3 of the kitchen staff.

In November an outbreak of food poisoning, also due to *Salmonella typhi* murium, occurred in a Grammar School boarding house; 13 boys and 4 staff were affected, and the presumed vehicle of infection was the jam in a jam-tart, from which the salmonella was isolated.

In December an indefinite outbreak of suspected food poisoning affected some of the children and staff in a secondary school in the Winchester Rural District, the suspected vehicle being some tongue, which had been re-heated.

There were also reported certain occurrences of sickness or nausea in school children. These were indefinite in nature, and there is no justification for regarding them as "food poisoning" (still less as having any relationship to food taken at school). Over a period of five weeks in September and October 50 children and 2 staff at a primary school reported between them 56 attacks of vomiting or acute nausea: the vomiting was frequently sudden and unexpected; giddiness and headache also occurred, but not diarrhoea; sore throat was a feature in some cases; home contacts of the children were frequently affected, and there was considerable doubt whether the spread of the condition (assuming it to have been infectious) really took place in the school. Careful enquiry, both in the school and of the general practitioners in the area, revealed no explanation of the condition.

In December, Dr. Good reported that some 45 girls were suddenly taken ill with faintness and nausea in a secondary modern girls' school, where a somewhat similar outbreak had occurred just a year before. Investigations arranged by Dr. Good included bacteriological examinations of faeces, analysis of air in the classrooms for carbon monoxide or excess carbon dioxide, analysis of dust-laying powder, and inspection of the drainage system. No explanation of the symptoms was found.

Half the pupils of a small primary school were absent from school during a short period in November with an illness whose main feature was sharp fever and painful throat. Some enlargement of cervical glands was noted (not pronounced), and in one case the family doctor diagnosed glandular fever on clinical grounds. The condition was not, clinically, an acute tonsillitis.

The three conditions briefly described in the last three paragraphs illustrate the finding that in recent years, during which the recognised acute infectious fevers have become progressively less troublesome, much loss of school time has resulted from ill-defined sickness whose cause and nature are not clearly apparent. This is, in all probability, true of sickness in the population as a whole and not only in school children. It is a matter for speculation whether these conditions really are "new" (and even whether they are more prevalent) or whether it is that they are thrown into prominence by the relative recession of the acute infectious fevers.

TUBERCULOSIS

Forty-four children of school age were notified during 1955 as suffering from tuberculosis: 29 had pulmonary disease and 15 non-pulmonary. One boy died of the disease during the year. The incidence in recent years, and the distribution of the disease by age, sex and site is given in the following Tables. (All figures relate to children of school age including those attending private schools).

I. Incidence in children aged 5-16 in past eight years (primary notifications)

Year	Pulmonary	Non-pulmonary	Total
1948	20	33	53
1949	27	37	64
1950	27	48	75
1951	19	35	54
1952	29	20	49
1953	41	46	87
1954	30	27	57
1955	29	15	44

II. Age and sex 1955

Age Group		5	6	7	8	9	10	11	12	13	14	15	16	Total
Pulmonary	Male	-	-	2	-	2	-	2	1	2	-	1	1	11
	Female	3	3	1	2	1	1	2	-	2	-	3	-	18
Non-pulmonary	Male	1	1	1	-	-	3	-	-	1	-	-	1	8
	Female	-	1	1	-	1	1	2	-	1	-	-	-	7
Total all groups		4	5	5	2	4	5	6	1	6	-	4	2	44

III. Site of Disease 1955

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Lungs	11	18	29
Glands, cervical ...	4	2	6
" other	1	-	1
Bones and joints ...	1	-	1
Genito-urinary system ...	1	1	2
Abdomen	-	3	3
Meninges	1	1	2
Total	19	25	44

The marked reduction in non-pulmonary tuberculosis is pleasing to note. The figure has tended to fluctuate in recent years, so that it would be unwise to attach too much importance to this year's very low figure: all the same, the general trend is downward, and this may well be due to an improvement, particularly in rural areas, in the milk sold to the public.

As previously there was close co-operation between the School Medical staff and the Chest Physicians in following up cases of pulmonary tuberculosis in schools. In each case where there was no obvious source of infection in the home, or where the child was considered to have been possibly infectious while at school, selected contact-pupils were offered a tuberculin-test followed if necessary by an X-ray examination, and the staff were offered X-ray examination. Heaf's multiple puncture tuberculin test was used in some schools, and has proved a very rapid and simple and effective test.

There were 7 such investigations in 1955, each following a single case of tuberculosis in a child: no member of the staff was reported as tuberculous during the year. No other case of tuberculosis was revealed by these investigations.

In the summer term of 1955 the "vaccination" of certain school children against tuberculosis with "B.C.G." was commenced. The vaccination is offered only to children aged 13, and for the time being is restricted to schools in the vicinity of Southampton and Portsmouth: the limitation is imposed partly by lack of medical staff; the selection of these areas is based on the assumption that children who are going to work in urban areas will be at greater risk of contracting tuberculosis than those in more rural areas.

The children are tuberculin-tested, using the Heaf test, and only those found tuberculin-negative are vaccinated. The names of those found tuberculin-positive are passed to the Chest Physicians for any further investigation they may think advisable. The vaccinated children will be re-tested a year later to ensure that "tuberculin conversion" has been achieved. The whole procedure is of course subject to written consent by the parent. The vaccination was carried out in 26 schools, and the work is summarised in the following Table.

B.C.G. Vaccination in 26 Schools

(a) Number of children offered vaccination	2581
(b) " " " accepting vaccination and tuberculin-tested	1748 (67.8% of (a))
(c) Tuberculin-positive	305 (17.4% of (b))
(d) Vaccinated	1402

VERMINOUS CONDITIONS

In 212,125 inspections, 443 individual pupils were found to be infested with head-lice. This represents .48% of the school population, a further step in the downward trend of recent years. The age and sex distribution is shown in the following Table :-

No. on Register		Total found verminous for the first time during year ("Nits" with or without lice)					
		Boys		Girls		Both Sexes	
		Number	%	Number	%	Number	%
Primary or Nursery School children	65,064	75	.23	258	.79	333	.51
Secondary School children	26,405	11	.08	99	.75	110	.42
All ages ...	91,469	86	.19	357	.78	443	.48

NOTE. - These percentages are based on the assumption that there are equal numbers of both sexes on the Registers.

The number of schools (excluding Grammar Schools) in which no child was found with head infestation during the year was 248.

Only 3 cases of scabies were reported during the year, and no cases of infestation by body or crab-lice.

As a result of the reduced frequency of verminous conditions it was decided to close the 14 "Cleansing Centres", and to aim at carrying out any necessary disinfection in the children's homes, including if possible the entire family, under instruction from the Health Visitor. The Centres were closed on 31st March, 1955 and this arrangement has been found satisfactory.

HANDICAPPED PUPILS

During the year 656 children were ascertained for the first time to be in need of special educational treatment on account of physical or mental handicap, and on 31st December there were 2,669 such children on the register - 2.8% of the school population. (See Table on page 33).

The special educational treatment provided involved modification of the curriculum in the ordinary school, or teaching in a special class, a special school, a hospital or the child's home.

The Hampshire Education Committee provide one special school (Lankhills, Winchester), for 101 educationally subnormal boys and girls aged 10 years and over; another (St. Thomas', Basingstoke), for 45 deaf boys and girls between 8 and 12 years, and they are responsible for 3 Hospital Schools. Apart from these, there are no special schools provided by the County, and handicapped pupils in need of special schooling were placed, so far as vacancies could be obtained, in schools provided by other Authorities or by voluntary or private agencies.

Thirty-six handicapped pupils were receiving home tuition on or about 31st January, 1956 and 100 received tuition in Hospitals other than the 3 Hampshire Hospital Schools during the year. Included in the latter figure are 32 children who were taught in Rooksdown House, Park Prewett, Basingstoke: these are plastic operation cases and regular evening tuition is given but it is not a recognised Hospital School.

Hospital Schools

Hospital School	Type of case chiefly dealt with	No. of H.C.C. children
Bursledon Annexe to Southampton Children's Hospital	General long-stay cases	70
Lord Mayor Treloar's Hospital, Alton	Orthopaedic cases	296
White House Sanatorium, Milford	Tuberculosis	20

Many handicapped pupils require care and supervision after leaving school. Particulars of all children whose handicap is such as to warrant continued supervision are passed to the County Welfare Officer, and also the attention of the Youth Employment Officer is particularly drawn to them. The lower-grade educationally subnormal children are usually reported to the Mental Health Authority (under Section 57(5) of the Education Act, 1944) and supervised by that Authority: 45 children were so reported during the year.

It is still very difficult to find places in suitable special schools for children who are maladjusted or educationally subnormal, and particularly for those with multiple handicaps which include educational subnormality. This difficulty, and also some aspects of the special schooling of maladjusted and "spastic" pupils are discussed in the following notes on the individual categories of handicapped pupil. The problems are not new, and have been set out at rather greater length in previous Annual Reports.

The numbers of blind, partially sighted and deaf children remain small and, provided that they have no other handicap, they are relatively easy to place in suitable special schools.

There is an increasing tendency to retain the partially deaf child in the ordinary school, with a hearing-aid where applicable. The child retains the advantages of contact with its normal fellows, and provided that its position in class and the lighting are suitable, and that the aid is properly serviced and regularly used, its education should not suffer. There seems to be some discrepancy of expert view as to the value of lip-reading instruction for these children.

Delicate pupils requiring residential special schooling, usually for one or two terms only, have presented no great problem of placement. As in previous years a number of children aged 10 and over were sent to Wedges Camp School, Itchingfield: most of these children were not ascertained as "delicate pupils" since Wedges is not a recognised special school, but had Wedges not been available many of them would have been formally ascertained and sent to special schools. Seventy-two Hampshire children were admitted to Wedges for one or more terms during 1955.

Two diabetic children were granted holidays organised by the British Diabetic Association.

Physically Handicapped (crippled) children are in general easy to place in special schools provided that they do not require specialised medical treatment - i.e. if they have a static incurable disability which unfits them for attendance at the ordinary school. However, with the development of physical medicine it is found that relatively few crippled children are not susceptible of improvement by treatment, and consequently one is hesitant to recommend residential special schooling for crippled children except in those schools which have well co-ordinated and specialised treatment facilities. On this basis it is by no means easy to find suitable places, and in particular does this apply to children with cerebral palsy. These children are susceptible of considerable improvement, physically, under skilled and specialised treatment: the schools that provide this are few, and they tend to be very selective, taking only children of superior, or at least good average, intelligence; unfortunately many children with cerebral palsy are well below average in intelligence. The proposal of the Regional Hospital Board, mentioned in my last report, to open a day cerebral palsy unit in Winchester has unfortunately not born fruit: careful enquiry showed that the number of children who could attend would be very small indeed - probably not more than half a dozen - and the subsequently announced proposal to open such a Unit in Southampton in 1956, with the possibility of places open to children living in the County, has yet further reduced the need in Winchester. I also referred in my last report to the proposal to open a day cerebral palsy unit in Cosham, Portsmouth: this was built during 1955 and is now (March 1956) a going concern taking some County children: it will be the subject of more detailed report in 1956.

There are at present (March 1956) 63 children with cerebral palsy on the handicapped pupils list. Of these, 5 receive special educational treatment in the ordinary school, 26 are at residential special schools, 2 attend the Day Unit at Cosham, 13 are awaiting placement in special schools (of whom 4 are receiving home tuition), and a further 8 are incapable of attending school and are receiving home tuition. The remaining 6, the majority of whom are under 5 years old, are not yet receiving education.

The Educationally Subnormal are by far the largest group of Handicapped Pupils, and there are still considerable difficulties in providing suitable special educational treatment for them. The majority can be educated satisfactorily in the ordinary school, provided that it is possible to include them in special classes where they can be taught at their own speed and level: such classes are now available in all Secondary Modern Schools in the County, and they are being increasingly provided in primary schools. There are however a number of educationally subnormal pupils for whom residential care in a special school is recommended, in order to provide an environment (lacking in their homes) in which they can develop socially as well as in the narrower sphere of formal education. Such facilities are available at Lankhills for a limited number of boys and girls of secondary school age, but for those of primary school age it is exceedingly difficult to find places. A particular group, of whom I have written in previous reports, are those of Infant School age (5-7 years) whose mental calibre is so poor that they are quite unready for school at the normal school entry age of 5. Some of these children ultimately prove ineducable even in special schools; others prove capable of benefiting from special educational treatment. The assessment of their intelligence at age 5 is not easy, and there is a natural reluctance to report them as ineducable while any doubt remains. The solution of this problem in my view would be the provision of a special school for educationally subnormal pupils of infant school age, whose primary purpose would be diagnostic.

Fifty-six children were reported during the year under Section 57(3) of the Education Act, 1944 to the Local Health Authority as being ineducable within the school system on account of disability of mind: in 5 cases the parent appealed to the Minister and in 1 the Minister upheld the appeal. No children were reported under Section 57(4) of the Act.

Of maladjusted pupils I have likewise written at some length in previous annual reports. Unlike the majority of other "handicapped pupils", most of them have no irremediable defect, and with proper handling they can be made into good citizens able to make a full contribution to society. Untreated or wrongly treated, their capacity for becoming socially harmful is great; and, taking the shorter view, their education is bound to suffer. For many of these children periods of residential care, shorter or longer, away from home are an essential part of the treatment, and there is still a lack of suitable special schools providing the necessary psychiatric treatment and supervision.

The following Table shows the numbers of children with multiple handicaps in the County in December, 1955. (In the Table overleaf these children are included under their "major" handicap - a somewhat arbitrary classification in some cases.)

Double Defect Cases					Triple Defect Cases			
Primary Handicap	Secondary Handicap	M	F	T	Combination of Defects	M	F	T
Educationally subnormal	Maladjusted	5	2	7	Physically handicapped	6	2	8
	Speech defect	50	27	77	Educationally subnormal			
	Delicate	7	4	11	Speech defect			
	Physically handicapped	4	2	6	Deaf	1	-	1
	Epilepsy	6	5	11	Partially sighted			
	Partially deaf	5	5	10	Educationally subnormal			
	Partially sighted	-	1	1	Maladjusted	1	-	1
Physically handicapped	Speech Defect	2	2	4	Physically handicapped			
	Epilepsy	1	1	2	Educationally subnormal			
	E.S.N.	8	5	13	Partially deaf	2	-	2
	Partially sighted	-	1	1	Speech defect			
Delicate	E.S.N.	3	1	4	Educationally subnormal			
	Speech defect	-	1	1	Epileptic	1	-	1
	Epileptic	1	-	1	Educationally subnormal			
Deaf	Partially sighted	1	-	1	Speech defect			
	E.S.N.	7	2	9	Educationally subnormal	1	-	1
Maladjusted	Epileptic	1	-	1	Maladjusted			
	Epileptic	1	2	3	Speech defect			
Epileptic	Physically handicapped	-	1	1	Physically handicapped	1	-	1
	Speech defect	-	1	1	Deaf			
Partially Deaf	Speech defect	3	-	3	Partially sighted			
	E.S.N.	2	1	3	Physically handicapped	1	-	1
Partially Sighted	E.S.N.	1	2	3	Speech defect			
	Partially deaf	-	1	1	Partially deaf			
	Epileptic	-	1	1				
Blind	Epileptic	1	-	1				
Total		109	68	177	Total	14	2	16

M F

Total number of children with double or triple handicaps 123 70 = 193

HANDICAPPED PUPILS - 1955

Category	Ascertainment		Special Schools x						Number receiving special educational treatment in ordinary school
	New Cases Ascertained during 1955	No. on Register 31.12.55	Number recommended during the year for admission	Number Admitted during the year	Number discharged during the year	Number attending on 31.1.56	Number awaiting placement 31.1.56		
Blind	3	20	3	3	6	16	3	-	
Partially Sighted	5	36	3	4	6	21	5	8	
Deaf	3	55	3	7	6	50	3	-	
Partially Deaf ...	55	153	2	3	2	17	3	134	
Delicate ...	42	268	34	32+	44	22	19	228	
Physically Handicapped ...	26	127	18	11	16	42	18	33	
Educationally Subnormal ...	293	1220	66	55	50	137	182	936	
Maladjusted ...	4	42	3	7	13	20	1	18	
Epileptic ...	5	27	3	1	3	8	3	15	
Speech Defective .	220	721	-	-	1	-	-	721	
Total ...	656	2669	135	123	147	333	237	2093	

^x includes boarding houses or hostels : excludes Hospital Schools

+ does not include 8 children admitted to Wedges School, Itchingfield

THE SCHOOL NURSING SERVICE

(Report by the Acting Superintendent Health Visitor)

School nursing has been undertaken by 68 nurses holding the Health Visitors Certificate and by 4 other nurses, who although they do not hold the Health Visiting Certificate, have had dispensation obtained from the Ministry for them to undertake the duties; and by one whole-time school nurse, making a total of 73 in all.

The duties of the school nurse vary very little from year to year. Much of her time is taken up in attending School Medical Examinations of children to assist the doctor, and in doing regular Hygiene Inspections in all schools, except certain grammar schools.

The school nurse endeavours to make the first inspection within the first four weeks of each term, which gives her adequate time before the end of the term to try to improve on any unsatisfactory conditions she has found. This year the method of making the Hygiene Inspection visits to the schools has been altered. The school nurse now makes personal contact with the Head Teacher and arranges for the visit to be made at a time mutually convenient to them both, whereas in the past her visit was arranged by the Health Department; this improved method permits better liaison between the school nurse and the Head Teacher. It also allows the school nurse more freedom to use her discretion, and visit more frequently schools that she feels one needs to spend more time on.

As well as actually carrying out these duties in the schools, the school nurse is called upon increasingly to pay home visits in connection with School Medical Inspections and Hygiene Inspections.

In many of the secondary schools the school nurse and the Domestic Science teacher co-operate to give a comprehensive course of lessons and demonstrations in mothercraft to girls in their last year at school. This course is very much enjoyed and appreciated by the girls.

HEALTH EDUCATION

I am indebted to the County Education Officer for the following report prepared by Dr. W. Wagland, County Lecturer in Health Education :-

"The programme of Health Education has followed much the same pattern of former years. Talks and discussions have taken place with Governors and Staffs of schools, parents and youth groups.

Talks to school leavers have continued in those schools who invite the Lecturer in Health Education to link up the teaching of the factual with the psychological, moral and spiritual aspects of general health, and to answer questions.

A short course arranged for apprentices at Basingstoke Technical College has now been incorporated into the College programme as a regular feature, whilst a short course for teachers at Eastleigh was well attended. The two-year course for teachers in training at King Alfred's College, Winchester, continues. At the request of the University authorities concerned, lectures were given at Bristol and Southampton Universities. A very keen group of engaged couples attended a series of discussions on "Marriage and the Family" at the Lymington Community Centre.

In spite of the numerous broadcast talks and literature available on the subjects concerned in Health Education, there still seems to be a need for more group discussions, especially amongst young married couples.

It was a stimulating experience to attend the three-day course on Health Education at the London University Institute of Education. Lectures on "Recent research on emotional development" and the picture of world-wide neurosis which was given by the Director of the World Federation of Mental Health, impressed on all present the importance of Mental Health. All concerned with health education in the schools were encouraged to stress the importance of Mental Health based on a greater sense of discipline and on love, respect and understanding of the individual child.

Once again it has been a great pleasure to co-operate with the many agencies engaged in the wide field of Health Education."

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS INTO TEACHERS' TRAINING COLLEGES

During the year a total of 195 candidates for entry into Teachers' Training Colleges were examined, the medical classification being :-

	<u>A.1</u>	<u>A.2</u>	<u>B.1</u>
Males	21	21	-
Females	107	44	2

Thirty entrants to the teaching profession were also examined and classified medically as follows :-

	<u>A.1</u>	<u>A.2</u>	<u>B.1</u>
Males	3	4	-
Females	16	7	-

In all cases X-ray examination is required, whenever possible at Mass Radiography Units and prior to the medical examination. During the year under review 121 such X-ray examinations were arranged, the remaining candidates having been X-rayed within the previous 12 months.

SCHOOL MEALS AND MILK

I am indebted to the County Education Officer for the following information :-

"SCHOOL MEALS

(i) Supply of Meals

In October 1955, 218 school departments were supplied with meals from their own kitchens, and 197 received meals from other Schools or Cooking Depots. It has not been possible as yet to provide meals at three schools.

The daily number of meals supplied in each of the last six years (as determined on a sample day in October of each year) was :-

1950	44,715	1953	48,094
1951	46,485	1954	50,448
1952	51,648	1955	56,113

Of a total of 88,148 day pupils attending school on a day in October, 1955, 56,113 took the midday meal. The percentage demand of 63.65% is an increase of 3.81% over the comparable figure for October 1954. The percentage demand is, however, still 2.44% below that of October 1952, prior to the last increase in the price of the meal imposed by the Ministry of Education, although the number of meals supplied daily is, in fact 4,465 greater than at that time and is the highest number served to date by the County School Meals Service.

(ii) Cooking Depots

The Odiham Cooking Depot was closed on 31st July, 1955. Schools formerly served by this Depot are now jointly served by the Basingstoke Cooking Depot and by two school kitchens in the Basingstoke area. The average output of each of the remaining 7 Cooking Depots is as follows :-

Andover	300	Portchester	18,000
Basingstoke	2,000	Portsdown	1,000
Chandlers Ford	2,000	Romsey	850
		Winchester	1,700

(iii) Hygiene

The following steps have been taken to improve hygiene in the canteens :-

- (a) During the Easter Holidays arrangements were made for kitchens to be sprayed with a residual flyspray in order to reduce the risk of flyborne infection. Owing to the peculiarities of the season, it was, however, not possible to determine whether the spray was fully effective.
- (b) Steps are being taken to instal wash-hand basins with, if possible, hot and cold water, in all school kitchens in which space permits.
- (c) Instructions have been issued to all kitchens that meat is to be cooked on the day that it is to be eaten, unless it is to be served cold.
- (d) Arrangements are being made to delay packing and despatch of container meals from Cooking Depots from 10.30 a.m. to 11 a.m. In addition to reducing the risk of food poisoning, it is hoped that this arrangement will increase the palatability of the meals. The operation of this scheme must, however, await the delivery of additional vehicles, the purchase of which has been sanctioned by the Ministry of Education.

In spite of these measures a few instances of suspected food poisoning have occurred during the year. The number of children affected was small and in only one case was it possible to specify the cause of the infection.

SCHOOL MILK

The following Table shows the number of schools and pupils receiving the various grades of milk on a day in October 1955 :-

No. of Schools taking the various grades of milk	Pasteurised		Tuberculin Tested		Total.
	No.	%	No.	%	
Nursery	1	100	-	-	1
Primary	332	94	21	6	353
Secondary	62	98.4	1	1.6	63
All types	395	94.7	22	5.3	417

No. of children receiving milk in these schools	Pasteurised		Tuberculin Tested		Total	
	No.	% +	No.	% +	No.	% +
Nursery	33	100	-	-	33	100
Primary	52,503	87.8	1,748	2.9	54,251	90.7
Secondary	18,064	63.7	250	.9	18,314	64.6
All children	70,600	80.1	1,998	2.3	72,598	82.4

+ percentage of the total number of children in attendance at each type of school on the day of the return. "

Five reports were received during the year of cases of food poisoning among school children or staff in circumstances where the school dinner was the suspected vehicle of infection.

A brief account of these outbreaks is given on page 26. In all cases the reports on the conditions under which the food was prepared and handled were satisfactory. Two of the outbreaks underline the desirability of avoiding twice-cooked dishes.

SCHOOL HYGIENE AND SANITATION

Water supplies to schools which have no main supply are sampled twice yearly. There are now 27 such schools: of the 58 samples taken during 1955, 3 (from 2 schools) were unsatisfactory, showing evidence of bacterial pollution. In one of these two schools the pollution was slight and transient, subsequent samples proving satisfactory: in the other a mains supply is to be provided in 1956 and in the meantime water for drinking purposes is brought from a neighbouring school meals depot.

The sanitary provision in some of the smaller rural schools is unsatisfactory. There are 154 schools without a water-carriage disposal system, and in nearly all these schools pail-closets are used with chemical fluid. This system calls for constant vigilance and a high standard of caretaking: granted these, there is probably little risk to health, but in practice there are difficulties - both in staffing and in such matters as disposing satisfactorily of the pail contents - which inevitably mean that from time to time there are conditions which would permit of the spread of diseases such as dysentery and enteric fever. There is furthermore increasing unwillingness on the part of parents whose homes have water-carriage disposal systems to accept more primitive sanitary arrangements for their children at school. Complaints, insofar as they are based on alleged risk of infectious disease, may be quite unfounded in schools where proper care is exercised; more valid however are objections based on the aesthetic aspects of the case. It is indeed alleged that children suffer in health because they object to using the pail-closets; one may doubt whether the children are quite as fastidious as their parents, but the possibility of ill-health occasionally produced in this way cannot be refuted.

I am glad to be able to add that, while only one school was converted from conservancy to water-carriage disposal during 1955, several such schemes were initiated, some of which should be completed in 1956.

Handwashing facilities are no less important, as regards the spread of diarrhoeal diseases in schools, than the sanitary provision. Indeed it is probably true to say that dysentery is less likely to spread in a school where there are pail-closets but a high standard of personal hygiene than in a school where there are water closets but no regular routine of hand washing. Such a routine is of course far easier to establish in a school where there is an adequate number of wash-basins, a regular supply of hot water, soap, nail brushes and sufficient clean hand-towels.

Many schools still fall below the standards laid down in the Regulations, as to the number of basins; and a supply of hot water is a rarity in all but the most recently built schools. I would repeat the comment made in my last annual report, that the adoption of a regular after-toilet and before-lunch hand-washing routine is perhaps the most rewarding single hygiene practice which a school can adopt.

I. A MacDOUGALL

Principal School Medical Officer.

AIDERSHOT AND FARNBOROUGH DIVISIONAL AREA

Dr. J. Craig Lindsay, Divisional School Medical Officer for Aldershot and Farnborough Area, reports as follows :-

"1. It is always interesting to compare statistical tables of previous years with those which refer to the year just passed (1955). A comparison with the figures in Table I for medical inspections during 1954 with those of 1955 reveals an interesting trend and one which carries a lesson for us in the School Health Service.

In 1954, from a grand total of 2,831 periodic medical examinations, 150 children were found to require treatment for defective vision and 517 for other conditions, making a total of 636 children, which equals 22.46% of those examined as requiring treatment. In 1955, from a grand total of 2,323 periodic medical examinations, 127 children were found to require treatment for defective vision and 315 children for other conditions, making a total of 422 children, which equals 18.16% of those examined as requiring treatment. The number of children found to require treatment has therefore dropped, but I would suggest that it is still too high for this area, especially when compared with the figure given in the report for the whole of the County in 1954 which showed an overall figure of 14.4%. This seems to suggest to me that in our desire to justify our inspections as an important section of the National Health Service we tend to become too pernickety and that children are being put down as requiring treatment for conditions which functionally and for all practical purposes should be passed over.

The test, in strange surroundings, of the visual acuity of children who have only been in school for a few months inevitably results in a curtailment of the normally accepted visual standards and one should therefore make due allowance for such handicaps before deciding to mark the child's records as requiring treatment. Minor so-called postural defects are another fruitful source of aberrant classification.

One must remember that the average mother today, especially the young mother, is bombarded with facts and figures about disease from so many different sources that she is disease-conscious and it is not an uncommon thing today to find a distraught and over-wrought mother whose nervous condition has been produced purely and simply by presenting her with information that her child has been referred to the eye clinic for examination with ? defective vision. It is suggested therefore that an important role for the School Health Service would be, while directing the mother's efforts along health-producing channels in regard to food, clothing, sleeping conditions and habits, at the same time to strain every effort to reassure her - in the absence of any genuine defect requiring treatment - that her child is healthy and that the worst thing that can happen is for the mother to worry and fuss over minor defects which, wherever possible, should not be discussed within the hearing of the child. Much of the misunderstanding of the School Health Service amongst general practitioners stems from this attitude of ours and until we reach a genuine understanding with them the ultimate goal of team work and team spirit will never be achieved.

2. Continuing our study of Table I, one sees exactly the same distribution throughout the three categories of general condition, i.e. good, fair and poor, as in previous years: 1,594 children are in the good and fair class with only 39 in the classification of poor. It is seldom now that one finds a defective general condition due to economic insufficiencies; in the majority of cases it is of purely pathological origin and demands medical treatment.

3. One notes that there are still 78 individual pupils found during the year to be infested with vermin. One would have thought that with the increased standards of living this figure would have been much less, but an examination of those affected demonstrates that in the great majority of instances they belong to families of habitual offenders whose standards in life have no bearing on the weekly wage packet but depend on deeply ingrained habits which are difficult to remove. Such families treat the presence of vermin in their children as of no account; they are without any sense of shame and in fact in many instances are completely at a loss to understand what the School Health Service is driving at. The problem is a family one of course but for the sake of the children it is important that we should maintain some facilities within the School Health Service for cleaning them despite the fact that they may be re-infested in time from their home surroundings. It is only by the process of evolution that the home surroundings will improve. "

Separate Tables showing the work of this Divisional Area are provided on page 45.

GOSPORT DIVISIONAL AREA

Dr. Percival V. Pritchard, Divisional School Medical Officer for the Gosport Area, reports as follows :-

" After a year's close association with the School Health Service in Gosport, I feel that the following points are worthy of special comment and consideration.

The Minor Ailment Clinic is being converted into a School Clinic much on the lines as advised by the Chief Medical Officer to the Ministry of Education. It is becoming the hub to the many spokes in the Service's wheel. Through it liaison is created and maintained for Doctors, Parents, Medical and Nursing Staff and the teachers. If encouraged it will become the most effective method of offering advice and providing a supervisory service and giving such treatment as is reasonably proper within the scheme. It is not an Outpatients Department.

Much more Health Education, which is not just Sex Education, should be taught in the schools. When I have been able to offer this here the enthusiasm with which it has been received clearly indicated the need. It requires the help of the Health Department Team, but time must be officially allocated. Modern methods of presenting it are essential. Staff, if not experienced or specially trained, should have tuition. It is an investment which will repay the cost many times over by helping to produce physically, mentally and socially healthy citizens. The three R's alone cannot do this successfully, and education without health is a poor foundation on which to build a career.

There is need for greater attention to Orthopaedic defects. I have seen a number of "leavers" with conditions which should have been treated years ago, when their defects were first noted. I place little or no value on instructions conveyed only by a leaflet. If exercises are considered to be needed they can only be initiated by careful individual demonstration and follow-up to ensure progress. This requires special clinics.

One final observation. I have been impressed by the interest and co-operation of the teachers in our Health Service, not only at School Inspections but also through the School Clinic in its new presentation. "

SCHOOL CLINICS

31st December, 1955

NAME AND ADDRESS OF CLINIC	MINOR AILMENT	ORAL HYGIENIST (c) DENTAL (d) (By Appointment)	OPHTHALMIC (f) ORTHOPTIC (e) (By Appointment)	MINOR ORTHOPAEDIC CLINICS	SPEECH THERAPY (By Appointment)	CHILD GUIDANCE (By Appointment) P.: PSYCHIATRIST P.S.: EDUCATIONAL PSYCHOLOGIST S.W.: SOCIAL WORKER	AUDIOMETRY (By Appointment)
ALDERSHOT St. Georges Road East	Daily a.m. except Sat.	Daily except Mon. & Sat. a.m. (d)	Thurs. a.m. & p.m. (f)		1st Tues. a.m. in month Tues. p.m. Fri. a.m. & p.m.	Mon. a.m. & p.m. (P. & S.W.) Wed. a.m. & p.m. (S.W. & E.P.)	1st Thurs. a.m.
ALTON General Hospital, 8, High Street,			4th Fri. a.m. & p.m. (f) Tues. a.m. & p.m. (e)		Mon. a.m. from 10.45 & p.m.		
Lord Mayor Treloar's Hospital, Secondary Modern School			Mon. a.m. till 10.30 a.m.				
ANDOVER Health Clinic, 70, Junction Road	Wed. a.m.	As required (d)	2nd & 3rd Tues. a.m. & p.m. (f) Wed. & Fri. a.m. (e)		Wed. a.m. & p.m.	Tues. a.m. (P., E.P. & P.S.W.)	As required
BASINGSTOKE Health Clinic, Bramblys Grange	Fri. a.m. (E.N.T. cases on 4th Fri. only)	As required (d) As required (c)	1st & 2nd Weds. a.m. & p.m. (f) Mon. a.m. & p.m. & Thurs. p.m. (e)		Weds. a.m. & p.m. in month Thurs. a.m.	Tues. a.m. (P. & S.W.) Alt. Tues. p.m. (S.W. & E.P.)	4th Fri. a.m.
BROCKENHURST Dental Clinic, Brookley Road	1st & 3rd Mon. a.m. except during school holidays	As required (d)			Mon. p.m.		
CHRISTCHURCH Health Clinic, Millams Street	1st & 3rd Thurs. a.m.	As required (d)	3rd Fri. a.m. & p.m. (f)		Thurs. a.m. & p.m. Fri. a.m.		As required
EASTLEIGH Health Clinic, The Red House, Romsey Road	Fri. a.m.		4th Tues. a.m. & p.m. (f)	1st Thurs. Even months p.m.		Thurs. p.m. (P. & P.S.W.) Mon. a.m. (P.S.W. & E.P.)	As required
Health Clinic, Chamberlayne Road		As required (d) As required (c)					
FAREHAM St. Christopher's Hospital			1st Tues. a.m. & p.m. (f) 2nd Fri. a.m. & p.m. (f)				
Health Clinic, Flying Angel	1st & 3rd Fri. 9.15- 10.15 a.m.	Mon., Tues. & Weds. a.m. & p.m. (d) As required (c)		3rd Weds. a.m.	Tues. & Thurs. a.m. & p.m.		As required
FARNBOROUGH St. Mark's Hall	Tues. a.m.	Mon. a.m. & p.m. & as required (d)					
FLEET 198, Fleet Road		As required (d)					
GOSPORT The Gables, Spring Garden Lane			Weds. p.m. (f)	2nd Tues. a.m.	Mon. & Fri. a.m. & p.m.	Weds. a.m. & p.m. (P. & P.S.W.) Thurs. a.m. & p.m. (E.P. & P.S.W.)	
Holbrook Health Clinic		As required (d)					2nd Weds. p.m.
School Clinic, 2, Stoke Road	Daily a.m. except Sat.	Daily a.m. & p.m. & alt. Sat. a.m. (d) As required (c)					
HAVANT Health Clinic, Park Way	Fri. a.m.	As required (d)	Mon. a.m. (f)	2nd Weds. a.m.	Wed. a.m. & p.m.		As required
LYMINGTON Health Clinic, Hillcroft, New Street	Tues. a.m. except during school holidays	As required (d)	3rd Weds. a.m. & p.m. (f)		Mon. a.m.	Fri. a.m. (P. & P.S.W. + E.P. fortnightly)	As required
PETERSFIELD Health Clinic, Love Lane	Fri. a.m.	As required (d)	3rd Mon. a.m. & p.m. (f)		Tues. a.m. except 1st in month Thurs. p.m.	Thurs. a.m. (P. & P.S.W.)	As required
RINGWOOD Conway Hall		As required (d)			Fri. p.m.		
ROMSEY Church House	1st & 3rd Thurs. 9.15- 10.15 a.m.	As required on Tues., Weds. & Fri. (d)	2nd Mon. a.m. (f)				As required
Romsey and District Hospital							
SOUTHAMPTON 18, Archers Road					Weds. a.m. & p.m.		
TOTTEN Health Clinic, Rumbridge Street	1st & 3rd Tues. a.m.	As required (d)	4th Weds. a.m. & p.m. (f)		Tues. a.m. & p.m.		As required
WINCHESTER Trafalgar House			4th Mon. a.m. & p.m. (f) 2nd Mon. p.m., 1st Fri. a.m. & p.m. (f)	4th Fri. Odd months p.m.	Mon. & Fri. a.m. & p.m.	Tues. p.m. (P.) Thurs. a.m. & p.m. (P. & P.S.W.) Fri. a.m. & p.m. (P. & P.S.W.) Mon. p.m. (P.S.W. & E.P.)	
R.H.C. Hospital			Weds. p.m., Thurs. a.m., Fri. p.m., alt. Sat. a.m. (e)				
School Clinic, 4, The Square	Daily 9-10 a.m. except Sat.	Daily a.m. & p.m. (incl. some Sat. a.m.) (d) As required (c)					As required

N.B.—5 Mobile Clinics are also used by the School Dental Service and there are the following premises where clinics are held as required.

Alresford—Mr. Inge's Surgery
Ashley C.P. School
Bridgenary—Avenue Infants School
Havant—Warlington Secondary School

Netley—British Legion Hall
Portchester—Manor House C.P. Infants School
Sarisbury—British Legion Hall
Stockhead C.P. School

Totton Grammar School
Waterlooville C.P. School

STATISTICAL COUNTY TABLES

TABLE I

Medical Inspection during 1955

A. Periodic Medical Examinations						B. Other Medical Examinations	
Entrants	Second Age Group	Third Age Group	Totals	Number of other Periodic Exam'tions	Grand Total	Special Examinations	Re-Exam'tions
10,789	5,611	5,602	22,002	Nil	22,002	17,446	5,048

C. Pupils found to Require Treatment

Number of individual pupils found at periodic medical examination to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint)		For any of the other conditions recorded in Table II A		All Conditions	
	No.	% of No. examined	No.	% of No. examined	No.	% of No. exam'd
Entrants	349	3.2	894	8.3	1,229	11.4
Second Age Group	337	6.0	425	7.6	1,744	13.3
Third Age Group	326	5.8	388	6.9	701	12.5
Total	1,012	4.6	1,707	7.8	2,674	12.2

TABLE II

(A) Analysis of Defects found at Periodical and at Special Examinations
in the year ended 31st December, 1955

Defect Code No.	Defect or Disease	(a) PERIODICAL EXAMINATIONS No.—22,002				(b) SPECIAL EXAMINATIONS No.—17,446			
		No. of Defects				No. of Defects			
		Requiring treatment	Incidence per 1,000 Examina- tions	Requiring to be kept under observation but not requiring treatment	Incidence per 1,000 Examina- tions	Requiring treatment	Incidence per 1,000 Examina- tions	Requiring to be kept under observation but not requiring treatment	Incidence per 1,000 Examina- tions
4	Skin ...	140	6.4	686	31.2	100	5.7	432	24.8
5	Eyes—								
	(a) Vision ...	1,012	46.0	2,396	108.9	628	36.0	2,453	140.6
	(b) Squint ...	74	3.4	318	14.5	38	2.2	283	16.2
	(c) Other ...	31	1.4	185	8.4	21	1.2	179	10.3
6	Ears—								
	(a) Hearing ...	118	5.4	265	12.0	96	5.5	303	17.4
	(b) Otitis Media...	12	.6	148	6.7	5	.3	51	2.9
	(c) Other ...	72	3.3	270	12.3	38	2.2	252	14.4
7	Nose or Throat ...	320	14.5	3,302	150.1	170	9.7	2,861	164.0
8	Speech ...	63	2.9	277	12.6	97	5.6	493	28.3
9	Cervical Glands ...	23	1.1	1,287	58.5	8	.5	935	53.6
10	Heart & Circulation	6	.3	311	14.1	3	.2	301	17.3
11	Lungs ...	34	1.6	780	35.5	14	.8	563	32.3
12	Developmental—								
	(a) Hernia ...	8	.4	53	2.4	3	.2	42	2.4
	(b) Other ...	13	.6	180	8.2	1	.1	120	6.9
13	Orthopaedic—								
	(a) Posture ...	284	12.9	629	28.6	89	5.1	596	34.2
	(b) Flat foot ...	421	19.1	858	39.0	138	7.9	905	51.9
	(c) Other ...	167	7.6	1,452	66.0	76	4.4	1,237	70.9
14	Nervous system—								
	(a) Epilepsy ...	1	.1	47	2.1	—	—	59	3.4
	(b) Other ...	2	.1	68	3.1	1	.1	43	2.5
15	Psychological—								
	(a) Development...	8	.4	56	2.6	4	.2	47	2.7
	(b) Stability ...	20	.9	397	18.0	10	.6	244	14.0
16	Other ...	70	3.2	1,195	54.3	90	5.2	1,409	80.8

(B) Classification of the General Condition of Pupils Examined During the Year
in the Age Groups

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
Entrants ...	10,789	5,252	48.7	5,416	50.2	121	1.1
Second Age Group ...	5,611	2,634	46.9	2,933	52.3	44	.8
Third Age Group ...	5,602	2,977	53.2	2,590	46.2	35	.6
Total ...	22,002	10,863	49.4	10,939	49.7	200	.9

TABLE III

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

					<u>1955</u>	<u>1954</u>
1. Number of pupils inspected by the Authority's Dental Officers :						
(a) Periodic Age Groups	...	...	...		59,586	61,418
(b) Specials	...	...	...		3,078	3,127
				Total (1)	<u>62,664</u>	<u>64,545</u>
2. Number found to require treatment	...				46,053	48,179
3. Number consented to treatment	...	...			32,157	34,416
4. Number actually treated	...	...	...		30,799	33,252
5. Attendances made by pupils for treatment	...				63,744	62,528
6. Half-days devoted to:	Inspection	...	...		532	537.5
	Treatment	...	...		8,315 ø	7,362
				Total (6)	<u>8,847 ø</u>	<u>7,899.5</u>
7. Fillings:	Permanent Teeth	...	...		35,666	33,726
	Temporary Teeth	...	...		7,860	11,763
				Total (7)	<u>43,526</u>	<u>45,489</u>
8. Number of teeth filled:	Permanent Teeth	...			31,645	30,059
	Temporary Teeth	...			7,530	11,307
				Total (8)	<u>39,175</u>	<u>41,366</u>
9. Extractions:	Permanent Teeth	...	...		6,266 *	4,896 *
	Temporary Teeth	...	...		24,271 *	28,487 *
				Total (9)	<u>30,537 *</u>	<u>33,383 *</u>
10. Administration of general anaesthetics for extractions	...	...	...		10,411	10,958
11. Other operations:	Permanent Teeth	...			8,707	5,941
	Temporary Teeth	...			8,368	10,650
				Total (11)	<u>17,075</u>	<u>16,591</u>

* Of these 870 permanent and 1,982 temporary teeth were extracted for orthodontic reasons; the numbers for the previous year being 1,141 and 1,796

ø Of these 735 were general anaesthetic sessions attended by a second Dental Officer (567) or by a Medical Officer (168) acting as anaesthetist.

AIDERSHOT AND FARNBOROUGH DIVISIONAL AREA

TABLE I
Medical Inspection during 1955

School Population (number on roll): 8,553

A. Periodic Medical Examinations						B. Other Medical Examinations	
Entrants	Second Age Group	Third Age Group	Totals	Number of other Periodic Exam'tions	Grand Total	Special Examinations	Re-Exam'tions
399	339	375	1,113	Nil	1,113	750	460

C. Pupils found to Require Treatment

Number of individual pupils found at periodic medical examination to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table II A	All Conditions
Entrants	18	68	78
Second Age Group	25	65	81
Third Age Group	12	28	37
Grand Total	55	161	196

Classification of the General Condition of Pupils Inspected During the Year in the Age Groups

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col.2	No.	% of col.2	No.	% of col.2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	399	253	63.41	144	36.09	2	.50
Second Age Group	339	210	61.95	127	37.46	2	.59
Third Age Group	375	196	52.27	176	46.93	3	.80
Total	1,113	659	59.21	447	40.16	7	.63

Infestation with Vermin

- (i) Total number of examinations in the schools by the school nurses or other authorised persons ... 17,036
- (ii) Total number of individual pupils found to be infested 78
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) 46
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) Nil

GOSPORT DIVISIONAL AREATABLE I

Medical Inspection of pupils attending
Maintained Primary and Secondary Schools during 1955

School Population (number on roll): 9,939

A. Periodic Medical Examinations						B. Other Medical Examinations	
Entrants	Second Age Group	Third Age Group	Totals	Number of other Periodic Exam'tions	Grand Total	Special Examinations	Re-Exam'tions
757	519	570	1,846	Nil	1,846	2,126	345

C. Pupils found to Require Treatment

Number of individual pupils found at periodic medical examination to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table II A	All Conditions
Entrants	20	68	88
Second Age Group	27	41	68
Third Age Group	27	36	63
Grand Total	74	145	219

Classification of the General Condition of Pupils Examined during the
Year in the Age Groups

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col.2	No.	% of col.2	No.	% of col.2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	757	275	33.33	472	62.35	10	1.32
Second Age Group	519	185	35.65	330	65.50	4	.77
Third Age Group	570	258	45.26	307	53.86	5	.88
Total	1,846	718	38.89	1,109	60.08	19	1.03

Infestation with Vermin

- (i) Total number of examinations in the schools by the school nurses or other authorised persons ... 25,651
- (ii) Total number of individual pupils found to be infested 54
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) Nil
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) Nil



